

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

2009Open to Public
Inspection**A For the 2009 calendar year, or tax year beginning****and ending****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

Please use IRS label or print or type.

See Specific Instructions.**C** Name of organization**JOHN MUIR HEALTH**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite

1400 TREAT BOULEVARD, STE 300

City or town, state or country, and ZIP + 4

WALNUT CREEK, CA 94597**F** Name and address of principal officer: **J. KENDALL ANDERSON**
SAME AS C ABOVE**D** Employer identification number**94-1461843****E** Telephone number**(925) 939-3000****G** Gross receipts \$**1728889802.****H(a)** Is this a group returnfor affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶**I** Tax-exempt status: ☒ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **WWW.JOHNMUIRHEALTH.COM****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1958** **M** State of legal domicile: **CA****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO IMPROVE THE HEALTH OF THE COMMUNITIES WE SERVE WITH QUALITY AND COMPASSION.
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3	Number of voting members of the governing body (Part VI, line 1a) 15
	4	Number of independent voting members of the governing body (Part VI, line 1b) 10
	5	Total number of employees (Part V, line 2a) 5885
	6	Total number of volunteers (estimate if necessary) 1650
		7a
7b		Net unrelated business taxable income from Form 990-T, line 34 -1,239,483.
Revenue	8	Contributions and grants (Part VIII, line 1h) 1,933,702.
	9	Program service revenue (Part VIII, line 2g) 991,757,759.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) -83,185,444.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 41,473,171.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 951,979,188.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) 3,395,110.
	14	Benefits paid to or for members (Part IX, column (A), line 4) 543,722,635.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 598,966,990.
	16a	Professional fundraising fees (Part IX, column (A), line 11e) 448,643,269.
	b	Total fundraising expenses (Part IX, column (D), line 25) 458,984,543.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 995,761,014.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,059,638,783.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12 -43,781,826.
	20	Total assets (Part X, line 16) 1,504,472,732.
	21	Total liabilities (Part X, line 26) 815,158,312.
	22	Net assets or fund balances. Subtract line 21 from line 20 689,314,420.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer

Date

MICHAEL MOODY, CFO

Type or print name and title

Paid**Preparer's Use Only**

Preparer's signature ▶

Date

Check if self-employed ☐

Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4

DELOITTE TAX LLP
50 FREMONT STREET
SAN FRANCISCO, CA 94105

EIN ▶

Phone no. ▶ **(415) 783-4000**

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

932001 02-04-10

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2009)

Part III Statement of Program Service Accomplishments

- 1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION
THE MISSION OF JOHN MUIR HEALTH IS TO IMPROVE THE HEALTH OF THE
COMMUNITIES WE SERVE WITH QUALITY AND COMPASSION. JOHN MUIR HEALTH
OFFERS A WIDE ARRAY OF CLINICAL SERVICES AT ITS TWO HOSPITALS IN
WALNUT CREEK AND CONCORD, AND OUTPATIENT FACILITIES IN BRENTWOOD AND
- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
 If "Yes," describe these new services on Schedule O.
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
 If "Yes," describe these changes on Schedule O.
- 4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

SEE SCHEDULE O FOR CONTINUATION(S)

- 4a (Code:) (Expenses \$ 387,097,331. including grants of \$) (Revenue \$ 403,586,217.)
HOSPITAL SERVICES - GENERAL MEDICINE AND SURGERY. THE CORE OF ITS
SERVICE TO THE COMMUNITY IS IN ITS GENERAL MEDICINE AND SURGERY
PROGRAM, PROVIDING COMPREHENSIVE CARE FROM EMERGENCY SERVICES TO HIGH
LEVEL CRITICAL CARE AND DISCHARGE SUPPORT AND HOME HEALTH, FOR PATIENTS
WITH A VARIETY OF CONDITIONS. THE WALNUT CREEK CAMPUS SERVES AS THE
ONLY COUNTY-DESIGNATED TRAUMA CENTER FOR THE AREA, WORKING CLOSELY WITH
LOCAL EMERGENCY SERVICES LEADERS TO COORDINATE DISASTER RESPONSIVENESS.
NATIONAL RECOGNITIONS RECEIVED IN 2009 INCLUDED (1) RECOGNITION BY US
NEWS AND WORLD REPORT FOR THE THIRD YEAR IN A ROW AS ONE OF "AMERICA'S
BEST HOSPITALS" FOR GASTROENTEROLOGY; (2) RECOGNITION BY HEALTHGRADES
FOR "CLINICAL EXCELLENCE" FOR PERFORMING IN THE TOP 5% OF ALL
HOSPITALS NATIONALLY; (3) AWARDED THE "CONSUMER CHOICE" AWARD BY THE
- 4b (Code:) (Expenses \$ 110,558,772. including grants of \$) (Revenue \$ 115,186,399.)
CARDIAC CARE IS THE SECOND LARGEST HOSPITAL-BASED SERVICE OF JOHN MUIR
HEALTH. ACHIEVEMENTS IN 2009 INCLUDED: (1) RECOGNITION BY HEALTHGRADES
FOR EXCELLENCE IN CARDIAC CARE - THE WALNUT CREEK CAMPUS WAS AWARDED
FIVE STARS (THE HIGHEST SCORE) FOR TREATMENT OF HEART FAILURE AND HEART
ATTACK; THE CONCORD CAMPUS WAS AWARDED FIVE STARS FOR TREATMENT OF
CORONARY ARTERY BYPASS SURGERY AND HEART FAILURE AND WAS RANKED AMONG
THE TOP FIVE HOSPITALS IN CA AND AMONG THE TOP 10% IN THE NATION FOR
CARDIAC SURGERY OUTCOMES. (2) THE AMERICAN HEART ASSOCIATION AWARDED
BOTH CAMPUSES TRIPLE PERFORMANCE ACHIEVEMENT AWARDS FOR IMPLEMENTING
PROVEN EVIDENCE BASED GUIDELINES AND PROCEDURES IN HEART FAILURE, HEART
ATTACK AND STROKE CARE. (3) BOTH CAMPUSES ARE ACCREDITED CHEST PAIN
CENTERS BY THE SOCIETY OF CHEST PAIN CENTERS AND ARE DESIGNATED AS
- 4c (Code:) (Expenses \$ 86,876,371. including grants of \$) (Revenue \$ 132,664,689.)
WOMEN'S AND CHILDREN'S IS THE THIRD LARGEST PROGRAM WITHIN THE JOHN
MUIR HEALTH SYSTEM. ACHIEVEMENTS IN 2009 INCLUDED: (1) ESTABLISHMENT
OF A HIGH RISK PERINATAL OUTREACH EDUCATION AND CONSULTATION PROGRAM;
(2) UPGRADED AND EXPANDED ACCESS TO ROBOT-ASSISTED GYN SURGERY,
PERFORMING MORE THAN 300 MINIMALLY INVASIVE PROCEDURES; (3) EXPANDED
PEDIATRIC HEMATOLOGY/ONCOLOGY AND GASTROENTEROLOGY SERVICES, IMPROVING
LOCAL ACCESS TO SPECIALTY CARE; (4) ACHIEVED FETAL AND NEONATAL
MORTALITY RATES SIGNIFICANTLY UNDER (BETTER THAN) THE EXPECTED RATES AS
REPORTED BY THE CALIFORNIA PERINATAL QUALITY CARE COLLABORATIVE.

4d Other program services. (Describe in Schedule O.)

(Expenses \$ 387,158,461. including grants of \$ 1,687,250.) (Revenue \$ 472,706,650.)

4e Total program service expenses ► \$ 971,690,935.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	N/A	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		
• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		
• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.		
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.		X
12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	X	

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Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
28c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
1a	547		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
1c			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2a	5885		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
2b			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
3a			
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
4a			
b	If "Yes," enter the name of the foreign country: CAYMAN ISLANDS See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5a			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5b			
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6a			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
6b			
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year		
7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7f			
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
7h			
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
8	N/A		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
9a	N/A		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
9b	N/A		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	N/A	
10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
10b			
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	N/A	
11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
12b			

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body	15	
b Enter the number of voting members that are independent	10	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	X	
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?	X	
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?		X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	X	
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	X	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **CA**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☒ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **MICHAEL MOODY - (925)939-3000**
1400 TREAT BLVD, WALNUT CREEK, CA 94597

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
HOWARD L. JENKINS CHAIR	5.00	X		X				0.	0.	0.
CATHERINE O. KUTSURIS VICE CHAIR	5.00	X		X				22.	0.	0.
DAVID L. GOLDSMITH SECRETARY	5.00	X		X				1,823.	0.	0.
MALCOLM MCAULEY TREASURER	5.00	X		X				0.	0.	0.
J. KENDALL ANDERSON PRESIDENT/CEO/DIRECTOR	60.00	X		X				1,995,691.	0.	904,125.
BURTON H. BAKER, M.D. DIRECTOR	5.00	X						76,338.	0.	0.
PHILIP J. BATCHELOR DIRECTOR	5.00	X						0.	0.	0.
STEPHEN L. DAVENPORT DIRECTOR	5.00	X						868.	0.	0.
MARILYN M. GARDNER DIRECTOR	5.00	X						0.	0.	0.
PATRICK E. KAVANAUGH, MD DIRECTOR	5.00	X						0.	0.	0.
WILLIAM F. CRONK DIRECTOR	5.00	X						1,625.	0.	0.
THOMAS RUNDALL, PH.D. DIRECTOR	5.00	X						5,920.	0.	0.
RONALD K. MULLIN DIRECTOR	5.00	X						529.	0.	0.
STUART B. SHIKORA, M.D. DIRECTOR	5.00	X						0.	0.	0.
MICHAEL MOODY CFO	60.00			X				502,978.	0.	257,936.
KENNETH MEEHAN EXECUTIVE VP OPERATIONS	60.00				X			784,233.	0.	481,211.
PAUL SWENSON EXECUTIVE VP ADMIN	60.00				X			792,890.	0.	491,761.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JANE WILLEMSSEN CAO	60.00				X			643,952.	0.	371,998.
THOMAS HARLAN CAO	60.00				X			409,911.	0.	178,347.
MICHAEL THOMAS CAO	60.00				X			458,121.	0.	161,447.
ERIC SAFF SR. VP CIO	60.00					X		460,791.	0.	235,485.
NEIL MILLER VP BUS DEVELOPMENT	60.00					X		457,982.	0.	228,104.
ALICE VILLANUEVA SR. VP HR	60.00					X		424,365.	0.	225,342.
NANCY OLSON SR. VP GENERAL COUNSEL	60.00					X		403,974.	0.	223,998.
R. SCOTT LIFF VP LAB SVCS/IMAGING DEV	60.00					X		458,687.	0.	202,756.
1b Total								7,880,700.	0.	3,962,510.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization

1,648

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
MEDICAL ANESTHESIA CONSULTANTS MEDICAL P.O. BOX 512107, LOS ANGELES, CA 90051	MEDICAL SERVICES	3,325,844.
ARUP LABORATORIES P.O. BOX 2794, SALT LAKE CITY, UT 84127	MEDICAL SERVICES	2,370,432.
BAY AREA ACUTE P.O. BOX 52432, PHOENIX, AZ 85072	MEDICAL SERVICES	1,915,328.
CONTRA COSTA PATHOLOGY ASSOCIATION 2056 PEBBLE DRIVE, ALAMO, CA 94507	MEDICAL SERVICES	1,116,229.
DIABLO NEUROSURGICAL, 1455 MONTEGO, SUITE 200, WALNUT CREEK, CA 94598	MEDICAL SERVICES	1,050,293.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization

99

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	39,600.			
	d	Related organizations	1d	20,077,870.			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	43,645.			
	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f		20,161,115.			
Program Service Revenue	2 a	PATIENT REVENUE	Business Code 900099	880,516,729.	880,516,729.		
	b	MEDICARE REVENUE	900099	206,191,935.	206,191,935.		
	c	PREMIUM REVENUE	900099	6422451.	6422451.		
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		1,093,131,115.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		17,391,056.			17,391,056.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross Rents	(i) Real (ii) Personal				
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other 559,849,203. 404700.				
	b	Less: cost or other basis and sales expenses	545,655,922. 381.				
	c	Gain or (loss)	14,193,281. 404319.				
	d	Net gain or (loss)		14,597,600.			14,597,600.
	8 a	Gross income from fundraising events (not including \$ 39,600. of contributions reported on line 1c). See Part IV, line 18	a 173675.				
	b	Less: direct expenses	b 57,139.				
	c	Net income or (loss) from fundraising events		116,536.			116,536.
	9 a	Gross income from gaming activities. See Part IV, line 19	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns and allowances	a				
	b	Less: cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue			Business Code				
11 a	OTHER OPERATING REVENUE	900099	37,778,938.	31,012,840.	6,766,098.		
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		37,778,938.				
12	Total revenue. See instructions.		1,183,176,360.	1,124,143,955.	6,766,098.	32,105,192.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	1,638,250.	1,638,250.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	49,000.	49,000.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	8,182,921.	4,091,461.	4,091,460.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	444442818.	408076293.	36,366,525.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	21,311,633.	19,196,866.	2,114,767.	
9 Other employee benefits	102236187.	92,783,718.	9,452,469.	
10 Payroll taxes	22,793,431.	20,680,086.	2,113,345.	
11 Fees for services (non-employees):				
a Management	3,047,016.	1,035,404.	2,011,612.	
b Legal	614,690.	307,345.	307,345.	
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	15,758,545.	14,865,477.	893,068.	
17 Travel	1,214,149.	1,096,996.	117,153.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	6,472,250.	6,472,250.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	46,203,781.	43,413,359.	2,790,422.	
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a SUPPLIES	138494561.	136141056.	2,353,505.	
b BAD DEBT EXPENSE	88,957,626.	88,957,626.		
c PURCHASED SERVICES	77,264,127.	70,299,002.	6,965,125.	
d PROFESSIONAL FEES	38,239,653.	37,626,789.	612,864.	
e OTHER EXPENSES	19,479,575.	9,788,976.	9,690,599.	
f All other expenses	23,238,570.	15,170,981.	8,067,589.	
25 Total functional expenses. Add lines 1 through 24f	1,059,638,783.	971690935.	87,947,848.	0.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year	(B) End of year
Assets	1 Cash - non-interest-bearing		1
	2 Savings and temporary cash investments	30,719,444.	2 56,764,450.
	3 Pledges and grants receivable, net		3
	4 Accounts receivable, net	163,631,201.	4 152,432,989.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6
	7 Notes and loans receivable, net	2,620,153.	7 9,703,992.
	8 Inventories for sale or use	3,061,352.	8 3,589,790.
	9 Prepaid expenses and deferred charges	10,683,174.	9 17,330,283.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,243,094,552.	
	b Less: accumulated depreciation	10b 476,602,314.	10c 766,492,238.
	11 Investments - publicly traded securities	538,337,264.	11 655,656,629.
	12 Investments - other securities. See Part IV, line 11	538,884,445.	12
	13 Investments - program-related. See Part IV, line 11		13
	14 Intangible assets		14
	15 Other assets. See Part IV, line 11	216,535,699.	15 157,403,941.
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,504,472,732.	16 1,819,374,312.	
Liabilities	17 Accounts payable and accrued expenses	87,874,101.	17 211,884,153.
	18 Grants payable		18
	19 Deferred revenue		19
	20 Tax-exempt bond liabilities	385,408,210.	20 482,714,869.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22
	23 Secured mortgages and notes payable to unrelated third parties	2,677,776.	23 115,562.
	24 Unsecured notes and loans payable to unrelated third parties		24
	25 Other liabilities. Complete Part X of Schedule D	339,198,225.	25 248,236,874.
	26 Total liabilities. Add lines 17 through 25	815,158,312.	26 942,951,458.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
	27 Unrestricted net assets	687,148,247.	27 874,171,475.
	28 Temporarily restricted net assets	2,166,173.	28 2,251,379.
	29 Permanently restricted net assets		29
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.		
	30 Capital stock or trust principal, or current funds		30
	31 Paid-in or capital surplus, or land, building, or equipment fund		31
	32 Retained earnings, endowment, accumulated income, or other funds		32
	33 Total net assets or fund balances	689,314,420.	33 876,422,854.
	34 Total liabilities and net assets/fund balances	1,504,472,732.	34 1,819,374,312.

Form 990 (2009)

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2009)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		

Schedule A (Form 990 or 990-EZ) 2009

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2009

Name of the organization

JOHN MUIR HEALTH

Employer identification number

94-1461843

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

- ☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions
for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

Employer identification number

JOHN MUIR HEALTH

94-1461843

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	JOHN MUIR HEALTH FOUNDATION 1400 TREAT BLVD., STE. 300 WALNUT CREEK, CA 94597	\$ 19,500,534.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	JOHN MUIR MEDICAL CENTER AUXILIARY 1400 TREAT BLVD., STE. 300 WALNUT CREEK, CA 94597	\$ 577,336.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	BRIGHTON RETAIL 200 NORTH WILLOW AVENUE CITY OF INDUSTRY, CA 91746	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	CONTRIBUTIONS LESS THAN \$5,000 EACH 1400 TREAT BLVD., STE. 300 WALNUT CREEK, CA 94597	\$ 78,245.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

JOHN MUIR HEALTH

94-1461843

Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization

Employer identification number

JOHN MUIR HEALTH

94-1461843

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

- Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.
► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

JOHN MUIR HEALTH

Employer identification number

94-1461843

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- | | |
|--|------------|
| (i) Revenues included in Form 990, Part VIII, line 1 | ► \$ |
| (ii) Assets included in Form 990, Part X | ► \$ |
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
- | | |
|--|------------|
| a Revenues included in Form 990, Part VIII, line 1 | ► \$ |
| b Assets included in Form 990, Part X | ► \$ |

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange programs
 e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No**Part IV Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	33,638,031.	33,409,949.			
b Contributions	12,706,231.	3165122.			
c Net investment earnings, gains, and losses	1333441.	-2,340,525.			
d Grants or scholarships					
e Other expenditures for facilities and programs	19,545,703.	596,515.			
f Administrative expenses					
g End of year balance	28,132,000.	33,638,031.			

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ☒ .00 %
 b Permanent endowment ☒ 15.00 %
 c Term endowment ☒ 85.00 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)	X	
3b	X	

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		1,243,094,552.	476602314.	766492238.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				766492238.

Schedule D (Form 990) 2009

Part VII Investments - Other Securities. See Form 990, Part X, line 12.	
--	--

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ►		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.	
--	--

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
REAL ESTATE HELD FOR FUTURE USE	5,902,965.
EQUITY INVESTMENTS	27,220,409.
EMPLOYEE BENEFITS	32,743,825.
RESTRICTED DONATION INVESTMENT	2,251,379.
DEFERRED FINANCING	6,872,266.
OTHER LONG TERM ASSETS-BOND FUNDS	69,323,930.
ASSET LIMITED TO USE	5,469,400.
DUE FROM RELATED PARTIES	7,619,767.
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)	157,403,941.

Part X	Other Liabilities. See Form 990, Part X, line 25.
---------------	--

1.	(a) Description of liability	(b) Amount
	Federal income taxes	
	WORKERS COMPENSATION	37,508,464.
	PENSION LIABILITY	78,331,887.
	POST RETIREMENT COMPENSATION BENEFITS	39,603,394.
	OTHER NON-CURRENT LIABILITIES	92,793,129.
	Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	248,236,874.

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4: THE ORGANIZATION'S ENDOWMENT FUNDS HELD BY THE JOHN

MUIR HEALTH FOUNDATION ARE USED FOR RESTRICTED PURPOSES AS DIRECTED BY THE DONOR. UNRESTRICTED ENDOWMENT FUNDS ARE USED TO SUPPORT PATIENT CARE PROGRAMS AND SERVICES OF JOHN MUIR HEALTH. ENDOWMENTS ARE RESTRICTED BY THE DONOR FOR USE IN PROGRAMS INCLUDING NURSING EDUCATION, CARDIAC CARE EQUIPMENT, RADIATION ONCOLOGY, WOMEN'S HEALTH CENTER EDUCATION, AND THE JOHN MUIR HEALTH BUILDING PROGRAM.

Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

2009

Open To Public Inspection

Name of the organization

JOHN MUIR HEALTH

Employer identification number
94-1461843

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations
- b ☐ Internet and email solicitations
- c ☐ Phone solicitations
- d ☐ In-person solicitations
- e ☐ Solicitation of non-government grants
- f ☐ Solicitation of government grants
- g ☐ Special fundraising events

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes☐ No

- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

Total

- 3** List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

[illegible]

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2009

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GOLF TOURNAMENT		NONE	
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	213,275.		213,275.
	2	Less: Charitable contributions	39,600.		39,600.
	3	Gross income (line 1 minus line 2)	173,675.		173,675.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	44,139.		44,139.
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	13,000.		13,000.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			(57,139)
	11	Net income summary. Combine line 3, column (d), and line 10			116,536.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			()
	8	Net gaming income summary. Combine line 1, column (d), and line 7			

- 9 Enter the state(s) in which the organization operates gaming activities: _____
- a Is the organization licensed to operate gaming activities in each of these states? _____
- b If "No," explain: _____
- 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____
- b If "Yes," explain: _____
- 11 Does the organization operate gaming activities with nonmembers? _____
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? _____

	Yes	No
9a		
10a		
11		
12		

		Yes	No
13 Indicate the percentage of gaming activity operated in:			
a The organization's facility	13a %		
b An outside facility	13b %		
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
Name ►			
Address ►			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		15a	
b If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$			
c If "Yes," enter name and address of the third party:			
Name ►			
Address ►			
16 Gaming manager information:			
Name ►			
Gaming manager compensation ► \$			
Description of services provided ►			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
17 Mandatory distributions:			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		17a	
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$			

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

- **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**
► **Attach to Form 990.**
► **See separate instructions.**

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization **JOHN MUIR HEALTH** Employer identification number **94-1461843**

Part I Charity Care and Certain Other Community Benefits at Cost

	Yes	No
1a Does the organization have a charity care policy? If "No," skip to question 6a	<input checked="" type="checkbox"/>	
b If "Yes," is it a written policy?	<input checked="" type="checkbox"/>	
2 If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals. <input checked="" type="checkbox"/> Applied uniformly to all hospitals <input type="checkbox"/> Applied uniformly to most hospitals <input type="checkbox"/> Generally tailored to individual hospitals		
3 Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients.		
a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>400</u> %	<input checked="" type="checkbox"/>	
b Does the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %		<input checked="" type="checkbox"/>
c If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care.		
4 Does the organization's policy provide free or discounted care to the "medically indigent"?	<input checked="" type="checkbox"/>	
5a Does the organization budget amounts for free or discounted care provided under its charity care policy?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization's charity care expenses exceed the budgeted amount?	<input checked="" type="checkbox"/>	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		<input checked="" type="checkbox"/>
6a Does the organization prepare an annual community benefit report?	<input checked="" type="checkbox"/>	
b If "Yes," does the organization make it available to the public?	<input checked="" type="checkbox"/>	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Charity Care and Certain Other Community Benefits at Cost						
Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2)			9,413,187.	0.	9,413,187.	.97%
b Unreimbursed Medicaid (from Worksheet 3, column a)			13,938,858.	0.	13,938,858.	1.44%
c Unreimbursed costs - other means-tested government programs (from Worksheet 3, column b)						
d Total Charity Care and Means-Tested Government Programs			23,352,045.		23,352,045.	2.41%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			6,010,458.	211,892.	5,798,566.	.60%
f Health professions education (from Worksheet 5)			2,891,825.	66,082.	2,825,743.	.29%
g Subsidized health services (from Worksheet 6)			1,320,661.	0.	1,320,661.	.14%
h Research (from Worksheet 7)			815,005.	80,493.	734,512.	.08%
i Cash and in-kind contributions to community groups (from Worksheet 8)			3,740,380.	0.	3,740,380.	.39%
j Total Other Benefits			14,778,329.	358,467.	14,419,862.	1.50%
k Total Add lines 7d and 7j			38,130,374.	358,467.	37,771,907.	3.91%

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support			428.	0.	428.	.00%
4 Environmental improvements						
5 Leadership development and training for community members			116,643.	0.	116,643.	.01%
6 Coalition building			11,874.	0.	11,874.	.00%
7 Community health improvement advocacy						
8 Workforce development			226,957.	0.	226,957.	.02%
9 Other						
10 Total			355,902.		355,902.	.03%

Part III Bad Debt, Medicare, & Collection Practices**Section A. Bad Debt Expense**

1 Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? Yes No

2 Enter the amount of the organization's bad debt expense (at cost) 2 20,950,648.

3 Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy 3

4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit.

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME) 5 206191935.

6 Enter Medicare allowable costs of care relating to payments on line 5 6 341796198.

7 Subtract line 6 from line 5. This is the surplus or (shortfall) 7 -135,604,263.

8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6.

Check the box that describes the method used:

☐ Cost accounting system ☒ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a Does the organization have a written debt collection policy? 9a X

b If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI 9b X

Part IV Management Companies and Joint Ventures

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.
- 6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 3C: THE MAJORITY OF CHARITY CARE IS GIVEN BASED EITHER ON THE FPG AS CALCULATED FROM DOCUMENTATION AND STATEMENTS MADE ON AN INTERNAL JOHN MUIR HEALTH CHARITY CARE APPLICATION, OR ON THE FPG AS ESTIMATED BY A CONTRACTED THIRD PARTY. THE THIRD PARTY HAS DEVELOPED AN ALGORITHM BASED ON ESTIMATED HOUSEHOLD INCOME, WHICH IS THEN TRANSLATED INTO FPG FOR THE HOUSEHOLD. JOHN MUIR HEALTH HAS NO INPUT INTO THE CRITERIA USED FOR THE ALGORITHM, WHICH IS THE SAME CALCULATION USED BY THE CONTRACTED THIRD PARTY FOR ALL OF THEIR CLIENTS NATIONWIDE.

OTHER CRITERIA USED IS BASED ON THE PATIENT'S ELIGIBILITY FOR LOW-INCOME PROGRAMS WHICH HAVE THE SAME OR MORE STRICT (LOWER) INCOME CRITERIA AS THE JOHN MUIR HEALTH CHARITY CARE PROGRAM. THIS INCLUDES PATIENTS WHO ARE QUALIFIED WITHIN SIX MONTHS OF THE DATE OF SERVICE FOR THE CALIFORNIA MEDICAID (MEDI-CAL) PROGRAM, OR FOR THE COUNTY'S MEDICALLY INDIGENT PROGRAM.

IN ADDITION TO FORMAL QUALIFICATION IN A RECOGNIZED PROGRAM SERVING THE LOW-INCOME AND INDIGENT POPULATION, CHARITY CARE IS ALSO EXTENDED TO PATIENTS SEEN IN OUR EMERGENCY DEPARTMENTS WHO ARE DOCUMENTED IN THE MEDICAL RECORD AS BEING HOMELESS, OR HAVE A LACK OF HOUSING. CHARITY IS ALSO APPLIED TO OUTSTANDING BALANCES FOR EMERGENCY SERVICES RENDERED TO

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DOCUMENTED MINOR AND ELDERLY VICTIMS OF ABUSE, BASED ON COMPASSION AS JOHN MUIR HEALTH HAS NO KNOWLEDGE OF THE CURRENT HOME ENVIRONMENT OF THESE PATIENTS. WE ALSO HAVE A PARTNERSHIP WITH A COMMUNITY PROGRAM, OPERATION ACCESS, WHICH SERVES THE LOW-INCOME INDIVIDUALS IN OUR COUNTY, TO PROVIDE FREE CARE ON A REFERRED, CASE-BY-CASE BASIS. OPERATION ACCESS HAS ALREADY PERFORMED THE SCREENING OF THEIR REFERRED PATIENT'S FOR INCOME ELIGIBILITY.

PART I, LINE 7: JOHN MUIR HEALTH HAS ADOPTED THE GUIDELINES DEVELOPED BY THE CATHOLIC HEALTHCARE ASSOCIATION AND VHA INC. FOR REPORTING THE ECONOMIC VALUE OF ITS COMMUNITY BENEFITS CONTRIBUTIONS.

PART I, LINE 7F: INCLUDED ON FORM 990, PART IX LINE 25 IS BAD DEBT EXPENSE TOTALING \$88,957,626. THIS AMOUNT WAS EXCLUDED BEFORE CALCULATING THE PERCENTAGES FOUND IN COLUMN (F).

PART III, LINE 4: THE ORGANIZATION DOES NOT ISSUE SEPARATE, INDEPENDENT AUDITED FINANCIAL STATEMENTS. THE ORGANIZATION IS INCLUDED IN CONSOLIDATED, INDEPENDENT AUDITED FINANCIAL STATEMENTS THAT DO NOT INCLUDE A DESCRIPTION OF BAD DEBT EXPENSE. BAD DEBT COST IS DETERMINED USING THE COST-TO-CHARGE METHODOLOGY. THE ORGANIZATION DOES NOT INCLUDE BAD DEBT IN COMMUNITY BENEFIT.

PART III, LINE 8: THE ORGANIZATION DOES NOT TREAT MEDICARE SHORTFALL AS COMMUNITY BENEFIT. THE COST TO CHARGE RATIOS USED TO COMPUTE THE MEDICARE SHORTFALLS ARE FROM THE 2009 MEDICARE COST REPORT FILED WITH CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS).

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PART III, LINE 9B: OTHER THAN SENDING STATEMENTS AND NOTIFICATIONS TO THE PATIENT, JOHN MUIR HEALTH DOES NOT CONDUCT PATIENT-OWED COLLECTIONS INTERNALLY. THESE TYPES OF FUNCTIONS ARE OUTSOURCED TO AN OUTSIDE AGENCY. THE COLLECTION POLICY IS IN THE FORM OF, AND INCORPORATED INTO, THE CONTRACT AGREEMENT WITH THE OUTSIDE AGENCY AS A FULL ADDENDUM TO THE CONTRACT, WITH A SEPARATE SIGNATURE LINE FOR JOHN MUIR HEALTH AND THE AGENCY AS PART OF THE ADDENDUM. IN ADDITION TO THE CUSTOMIZED, JOHN MUIR HEALTH COLLECTION GUIDELINES, THE ADDENDUM ALSO CONTAINS THE COLLECTION CRITERIA AND REQUIREMENTS FOUND IN CALIFORNIA LAW UNDER ASSEMBLY BILL 774. ASSEMBLY BILL 774 SPECIFICALLY ADDRESSES COLLECTIONS FOR OUTSTANDING BALANCES WHICH ARE EITHER IN THE APPLICATION PROCESS OR HAVE QUALIFIED FOR CHARITY CARE UNDER THE HEALTH SYSTEM'S CHARITY CARE POLICY. ANY BALANCES WHICH QUALIFY FOR CHARITY CARE, EITHER THROUGH THE FORMAL APPLICATION PROCESS OR BY DEFINITION IN THE CHARITY CARE POLICY, ARE NOT SUBJECT TO ANY FURTHER COLLECTION EFFORTS, BUT ABSORBED BY THE HEALTH SYSTEM IN THEIR ENTIRETY. THIS CRITERION IS ALSO BUILT INTO THE CONTRACT AGREEMENT WITH OUR THIRD PARTY, OUTSIDE COLLECTION AGENCY FOR PATIENT BALANCES, IN THE EVENT THAT CHARITY QUALIFICATION OCCURS AFTER THE BALANCES HAVE BEEN REASSIGNED TO THE AGENCY.

PART VI, LINE 2: HOW DO WE DETERMINE THE NEEDS OF OUR COMMUNITY?

AS PART OF THE SB697 TRIENNIAL CYCLE, A COMPREHENSIVE COMMUNITY ASSESSMENT WAS COMPLETED IN 2007. THE 2007 COMMUNITY ASSESSMENT WAS COMPLETED THROUGH A COLLABORATIVE PROCESS INITIATED BY THE HOSPITAL COUNCIL OF NORTHERN AND CENTRAL CALIFORNIA AND COMMUNITY HOSPITALS IN CONTRA COSTA COUNTY. PARTICIPANTS INCLUDED JOHN MUIR HEALTH, KAISER PERMANENTE AND

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SUTTER DELTA MEDICAL CENTER. CONDUCTED BY THE COMMUNITY HEALTH ASSESSMENT, PLANNING AND EVALUATION GROUP OF CONTRA COSTA HEALTH SERVICES (CHAPE), THE 2007 QUANTITATIVE ASSESSMENT COMPILED EXISTING DATA BASED ON COLLABORATIVE OBJECTIVES. THE COMMUNITY INDICATOR REPORT CAN BE FOUND AT WWW.CCHEALTH.ORG.

IN ADDITION TO THE QUANTITATIVE PORTION OF THE COMMUNITY ASSESSMENT, THE HOSPITAL COUNCIL OF NORTHERN AND CENTRAL CALIFORNIA AND THE COMMUNITY HOSPITALS IN CONTRA COSTA COUNTY COMMISSIONED WORLDWAYS SOCIAL MARKETING (WSM), A PRIVATE CONSULTING FIRM, TO CONDUCT A QUALITATIVE ANALYSIS OF HEALTH CARE NEEDS IN THE COUNTY THROUGH FOCUS GROUPS.

THE NEXT COMMUNITY HEALTH INDICATORS REPORT WILL BE COMPLETED IN 2010. COMMUNITY ASSESSMENTS ARE MADE AVAILABLE TO THE PUBLIC AS A COMMUNITY BENEFIT.

JOHN MUIR HEALTH USED VARIOUS MECHANISMS TO INCORPORATE COMMUNITY INPUT INTO THE ANNUAL COMMUNITY BENEFIT PLAN. DURING 2009, JOHN MUIR HEALTH KEPT ABREAST OF CURRENT HEALTH ISSUES OF IMPORTANCE TO THE COMMUNITY BY ACTIVE PARTICIPATION WITHIN THE MONUMENT COMMUNITY PARTNERSHIP, EAST COUNTY ACCESS ACTION TEAM, PRIMARY CARE ACCESS STAKEHOLDERS GROUP, BAY POINT FAMILY PARTNERSHIP, CONTRA COSTA HEALTH MINISTRIES NETWORK, CLINIC CONSORTIUM SPECIALTY CARE INITIATIVE, FAMILIES CAN AND OTHER ONGOING COLLABORATIONS WITH COMMUNITY-BASED ORGANIZATIONS. THESE SOURCES OF INFORMATION PROVIDE CURRENT INFORMATION REGARDING HEALTH STATUS AND ALSO HELP IDENTIFY EMERGING NEEDS IN THE SERVICE AREA POPULATION.

IN ADDITION, JMH SOUGHT OUT PARTNERS TO ADDRESS HEALTH ISSUES IDENTIFIED

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THROUGH ITS INTERNAL EMERGENCY DEPARTMENT DATA. THE JOHN MUIR MEDICAL CENTER - CONCORD CAMPUS EMERGENCY DEPARTMENT REFERRAL LIAISON AND JOHN MUIR MEDICAL CENTER - WALNUT CREEK BEYOND VIOLENCE PROGRAMS WERE BOTH DEVELOPED IN THIS WAY.

COMMUNITY ORGANIZATIONS ALSO SEEK OUT JOHN MUIR HEALTH AS A PARTNER. IN 2008 THE COMMUNITY NURSE PROGRAM DEVELOPED OUT OF THE 2007 COMMUNITY ASSESSMENT WHICH IDENTIFIED CHILDHOOD OVERWEIGHT AND DIABETES PREVENTION AS AREAS OF FOCUS. SUBSEQUENTLY, A SECOND SCHOOL DISTRICT ASKED JMH TO EXPAND ITS COMMUNITY NURSING PROGRAM INTO THEIR DISTRICT DURING 2010.

JOHN MUIR HEALTH IS FORTUNATE TO BENEFIT FROM THE INPUT AND EXPERTISE OF THE COUNTY HEALTH SERVICES DEPARTMENT IN A NUMBER OF WAYS. IN ADDITION TO THE TRIENNIAL COMMUNITY HEALTH INDICATOR REPORT COMPLETED ON BEHALF OF THE COMMUNITY HOSPITALS BY THE PUBLIC HEALTH DIVISION OF THE COUNTY HEALTH SERVICES DEPARTMENT (CCHS), CCHS IS A PARTNER IN MANY OF OUR PARTNERSHIPS: MOBILE HEALTH CLINIC, MOBILE DENTAL CLINIC, BEYOND VIOLENCE, TEL-ASSURANCE REMOTE MONITORING FOR LOW INCOME SENIORS WITH CHRONIC ILLNESSES, FALL PREVENTION PROGRAM OF CONTRA COSTA, JMCC ED REFERRAL LIAISON AND THE MONUMENT COMMUNITY PARTNERSHIP. CCHS IS ALSO A PARTNER IN MOST OF THE COLLABORATIVE GROUPS MENTIONED ABOVE.

WHERE ARE THE NEEDS GREATEST?

THE COMMUNITY HEALTH ASSESSMENT IDENTIFIED SEVERAL HEALTH DISPARITIES IN CENTRAL AND EASTERN CONTRA COSTA COUNTY INCLUDING:

- CANCER DEATHS IN ANTIOCH AND CONCORD
- LUNG CANCER DEATHS IN CONCORD
- HEART DISEASE DEATHS IN ANTIOCH, OAKLEY, PITTSBURG, AND MARTINEZ

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- STROKE DEATHS IN ANTIOCH AND PITTSBURG
- TEEN BIRTH RATES IN ANTIOCH, CONCORD, AND OAKLEY
- OVERWEIGHT 5TH GRADERS IN ANTIOCH, OAKLEY, AND PITTSBURG

WHERE IS JOHN MUIR FOCUSING ITS EFFORTS?

JMH SELECTS ITS FOCUS AREAS BASED ON THE COMMUNITY ASSESSMENT, INTERNAL DATA AND COMMUNITY PARTNER INPUT. SINCE 2007 NEW PROGRAMS HAVE SPECIFICALLY FOCUSED ON PROGRAMS WHICH ADDRESS THE NEEDS OF VULNERABLE POPULATIONS USING THREE FUNDING CRITERIA.

THE FIRST FUNDING CRITERIA IS THAT THE PROGRAM SERVES VULNERABLE POPULATIONS DEFINED AS POPULATIONS WITH ONE OR MORE OF THE FOLLOWING CHARACTERISTICS:

- EVIDENCED-BASED DISPARITIES IN HEALTH OUTCOMES, E.G. AFRICAN AMERICANS WITH HEART DISEASE, AFRICAN AMERICAN WOMEN WITH BREAST CANCER AND AFRICAN AMERICANS AND LATINOS WITH DIABETES.
- SIGNIFICANT BARRIERS TO CARE, E.G. THE ISOLATED OR FRAIL ELDERLY, THOSE WITH LANGUAGE OR CULTURAL BARRIERS TO EFFECTIVE CARE, THOSE WITH BARRIERS TO APPROPRIATE AND TIMELY HEALTH CARE DUE TO LACK OF HEALTH INSURANCE, THOSE WITH TRANSPORTATION OR MOBILITY BARRIERS, THOSE WITH LIMITATIONS ON THEIR CAPACITY TO VOICE THEIR NEEDS IN THE HEALTH CARE SYSTEM SUCH AS CHILDREN.
- ECONOMICALLY DISADVANTAGED, E.G. UNINSURED, UNDERINSURED AND/OR WORKING POOR RESIDENTS.

OUR SECOND FUNDING GUIDELINE REQUIRES THAT PROGRAMS ARE DELIVERED THROUGH PARTNERSHIPS WITH COMMUNITY BASED ORGANIZATIONS, OTHER PROVIDERS, PUBLIC AGENCIES OR BUSINESS ORGANIZATIONS. JOHN MUIR HEALTH BELIEVES THAT IT CAN

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MAXIMIZE THE IMPACT OF ITS INVESTMENT BY PARTNERING WITH ORGANIZATIONS WHOSE EXPERTISE COMPLEMENTS THAT OF JOHN MUIR HEALTH. NO ONE ORGANIZATION HAS THE FINANCIAL RESOURCES AND EXPERTISE TO ADDRESS ALL THE UNMET HEALTH NEEDS OF THE VULNERABLE RESIDENTS IN OUR COMMUNITIES; IT IS ONLY THROUGH MEANINGFUL COLLABORATION THAT CHANGE IS POSSIBLE. OUR COMMUNITY PARTNERSHIPS ARE MANAGED BY INTERNAL DEPARTMENT CHAMPIONS AND TAKE ADVANTAGE OF THE CLINICAL AND TECHNICAL EXPERTISE OF JOHN MUIR HEALTH.

OUR THIRD FUNDING GUIDELINE CALLS FOR SELECTING PROGRAMS WE BELIEVE WILL POSITIVELY IMPACT THE HEALTH OF THE COMMUNITY IN A MEASURABLE WAY.

AN INTERNAL, MULTI-DISCIPLINARY COMMUNITY BENEFITS ADVISORY COMMITTEE REPRESENTING THE VARIOUS PARTS OF JOHN MUIR HEALTH REVIEWS THE COMMUNITY ASSESSMENT DATA, PROGRAM EVALUATIONS AND REQUESTS FOR NEW PROGRAMS USING OUR FUNDING CRITERIA. THE COMMITTEE MAKES RECOMMENDATIONS FOR PROGRAM FUNDING IN THE ANNUAL BUDGET PROCESS.

OUR COMMUNITY BENEFIT GOALS FOR 2008-10 ARE AS FOLLOWS:

1. UNINSURED, UNDERSERVED AND VULNERABLE POPULATIONS IN THE SERVICE AREA HAVE ACCESS TO HEALTH CARE.
2. HEALTH EDUCATION, PREVENTION AND EARLY DETECTION SERVICES ARE AVAILABLE TO RESIDENTS WITH PHYSICAL, MENTAL AND DENTAL HEALTH CONDITIONS
3. CHILDHOOD SUPPORT SERVICES ARE AVAILABLE TO PARENTS AND SCHOOLS
4. OLDER ADULTS ARE ABLE TO MAINTAIN A SAFE AND INDEPENDENT LIFESTYLE
5. RESIDENTS ARE SAFE FROM INTENTIONAL AND UNINTENTIONAL INJURIES
6. LOW INCOME RESIDENTS AND COMMUNITIES ACQUIRE LEADERSHIP CAPACITY TO DEVELOP PARTNERSHIPS AND MAKE LOCAL DECISIONS TO ACHIEVE THE JMH HEALTHY COMMUNITY VISION

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FOR 2008, 2009 AND 2010, THE JOHN MUIR HEALTH COMMUNITY BENEFITS PRIORITY AREAS ARE:

1. CHILDHOOD OBESITY PREVENTION
2. DIABETES PREVENTION
3. VIOLENCE INTERVENTION

SPECIFIC PROGRAMS ADDRESSING THE JOHN MUIR HEALTH PRIORITY AREAS INCLUDE:

- COMMUNITY NURSING AT TWO LOW INCOME SCHOOLS IN THE MONUMENT AREA OF CONCORD, CA
- HEALTHY CHILDREN PROGRAM IN THE MONUMENT AREA OF CONCORD
- BEYOND VIOLENCE PEER INTERVENTION AND SUPPORT PROGRAM FOR TRAUMA PATIENTS HOSPITALIZED DUE TO GUNSHOT WOUNDS

JOHN MUIR HEALTH SELECTED OBESITY PREVENTION AS A PRIORITY AREA OF FOCUS IN 2008 BECAUSE IT ADDRESSED DISPARITIES IN HEART DISEASE, STROKE DEATHS AND OVERWEIGHT 5TH GRADERS. REDUCING THE NUMBER OF OVERWEIGHT AND OBESE INDIVIDUALS ALSO POSITIVELY IMPACTS DIABETES AND SOME CANCERS. DIABETES AND STROKE DISPROPORTIONATELY IMPACTS LATINOS AND AFRICAN AMERICANS. JOHN MUIR HEALTH FOCUSED ON PROGRAMMING IN LOW INCOME ELEMENTARY SCHOOLS AND FAITH COMMUNITIES WITH A HIGH PROPORTION OF LATINOS AND AFRICAN AMERICAN STUDENTS AND MEMBERS.

AS THE COUNTY TRAUMA CENTER, JOHN MUIR HEALTH IS IN A UNIQUE POSITION TO PROVIDE AN OPPORTUNITY FOR POSITIVE INTERVENTION TO REDUCE STREET VIOLENCE RETALIATION, RE-INJURY, AND ENGAGEMENT WITH THE LAW ENFORCEMENT SYSTEM. IN SELECTING COMMUNITY BENEFIT PROGRAMS, JOHN MUIR HEALTH MATCHES THE COMMUNITY NEEDS WITH ITS INTERNAL SKILLS, RESOURCES, AND COMMUNITY

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PARTNERSHIP EXPERTISE.

JOHN MUIR HEALTH SELECTED FOCUS AREAS WHERE THE INVESTMENT OF ITS EXPERTISE AND LIMITED RESOURCES WOULD BE MAXIMIZED. THROUGH ITS PARTNERSHIPS, JOHN MUIR HEALTH SUPPORTED EXISTING ORGANIZATIONS AND AVOIDED DUPLICATING PROGRAMS ON EXPENDITURES.

AFTER THE 2010 COMMUNITY ASSESSMENT IS COMPLETED, JOHN MUIR HEALTH WILL ENGAGE IN A REVIEW PROCESS TO DETERMINE APPROPRIATE ADJUSTMENTS TO THE GOALS AND PRIORITY AREAS.

READ DESCRIPTIONS OF OUR PROGRAMS FOR VULNERABLE POPULATIONS AND EXCERPTS FROM THE PROGRAM EVALUATIONS AT WWW.JOHNMUIRHEALTH.COM.

PART VI, LINE 3: JOHN MUIR HEALTH HAS SIGNAGE POSTED IN PATIENT ACCESS AREAS/LOBBIES INFORMING PATIENTS OF THE AVAILABILITY OF FINANCIAL ASSISTANCE FOR THEIR HEALTH CARE BILLS AND ELIGIBILITY SERVICES TO AIDE THE PATIENT IN QUALIFYING FOR AN APPROPRIATE ASSISTANCE PROGRAM.

IN THE EMERGENCY DEPARTMENT, ALL PATIENTS RECEIVE A "PATIENT ASSISTANCE" BROCHURE, WHICH IDENTIFIES VARIOUS FINANCIAL ASSISTANCE PROGRAMS AVAILABLE TO THE PATIENT, INCLUDING PROGRAMS THROUGH GOVERNMENT AGENCIES (STATE, COUNTY ETC.), AS WELL AS THE JOHN MUIR HEALTH CHARITY CARE PROGRAM. THE BROCHURE ALSO LISTS CONTACT INFORMATION FOR THESE PROGRAMS. PATIENTS IN THE EMERGENCY DEPARTMENT TALK TO A TRAINED FINANCIAL COUNSELOR, AND, IF APPROPRIATE, ARE ALSO ASKED TO SIGN A FORM ACKNOWLEDGING RECEIPT OF THE PATIENT ASSISTANCE MATERIAL, OR DECLINING TO ACCEPT THE MATERIAL. TRAINED FINANCIAL COUNSELORS ARE ALSO AVAILABLE FOR PATIENTS WHO DO NOT PRESENT

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FOR SERVICES THROUGH THE EMERGENCY DEPARTMENT. THE APPLICATION FORM AND A COPY OF THE POLICY FOR THE JOHN MUIR HEALTH CHARITY CARE PROGRAM IS ALSO AVAILABLE IN THE EMERGENCY DEPARTMENT AS WELL AS THE MAJOR PATIENT ACCESS AREAS AND THE BUSINESS OFFICE.

NOTIFICATION THAT PROGRAMS, INCLUDING CHARITY CARE, ARE AVAILABLE IS ALSO PRINTED ON PATIENT BILLING STATEMENTS, ACCOMPANIED BY A CHECK BOX TO INDICATE THE PATIENT WOULD LIKE THE MATERIALS SENT TO HIS/HER HOME. CONTACT INFORMATION IS ALSO LISTED ON THE PATIENT STATEMENT. INFORMATION ON THE HEALTH SYSTEM'S CHARITY CARE PROGRAM IS POSTED ON THE JOHN MUIR HEALTH INTERNET WEBSITE AS WELL.

PATIENTS ADMITTED TO THE HOSPITAL, AND WHO HAVE NO THIRD PARTY INSURANCE LISTED, ARE INTERVIEWED BY TRAINED FINANCIAL COUNSELORS DURING THEIR HOSPITAL STAY, TO INFORM THEM OF THE VARIOUS PROGRAMS WHICH ARE AVAILABLE, AND DETERMINE IF THE PATIENT WOULD LIKE ASSISTANCE TO OBTAIN ELIGIBILITY FOR THE STATE MEDICAID (MEDI-CAL) PROGRAM, STATE DISABILITY, CHARITY CARE OR OTHER AVAILABLE PROGRAMS IN THE COUNTY. THIS ELIGIBILITY ASSISTANCE, WHICH INCLUDES HELP IN FILLING OUT THE APPLICATIONS, GATHERING REQUIRED DOCUMENTS, AND TRANSPORTATION TO ELIGIBILITY APPOINTMENTS, IF NECESSARY, IS OFFERED AT NO CHARGE TO THE PATIENT. IN ADDITION, PATIENT ACCOUNTING REPRESENTATIVES MAY ALSO CONTACT PATIENT'S AFTER DISCHARGE TO ASK ABOUT PAYMENT ARRANGEMENTS AND TO INFORM THEM OF THE CHARITY CARE PROGRAM IF THE PATIENT NEEDS ASSISTANCE IN PAYING FOR MEDICAL BILLS.

PART VI, LINE 4: HOW DO WE DEFINE OUR COMMUNITY?

JOHN MUIR HEALTH'S PRIMARY AND SECONDARY SERVICE AREA EXTENDS FROM SOUTHERN SOLANO COUNTY INTO EASTERN CONTRA COSTA COUNTY AND SOUTH TO SAN

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RAMON IN SOUTHERN CONTRA COSTA COUNTY. THE COMMUNITIES THAT COMPRISE THE PRIMARY SERVICE AREA INCLUDE CONCORD, WALNUT CREEK, PLEASANT HILL, MARTINEZ, LAFAYETTE, DANVILLE, ALAMO, ORINDA, MORAGA AND CLAYTON. THE COMMUNITIES THAT COMPRISE THE SECONDARY SERVICE AREA INCLUDE BRENTWOOD, OAKLEY, DISCOVERY BAY, BYRON, KNIGHTSEN, BETHEL ISLAND, BENICIA, PITTSBURG, BAY POINT, ANTIOCH AND SAN RAMON. JOHN MUIR HEALTH'S TRAUMA CENTER SERVES ALL OF CONTRA COSTA COUNTY, AS WELL AS SOUTHERN SOLANO COUNTY AND IS THE BACKUP TRAUMA CENTER FOR ALAMEDA COUNTY.

THE PRIMARY FOCUS OF OUR COMMUNITY BENEFIT PROGRAMS IS ON THE NEEDS OF VULNERABLE POPULATIONS. WE DEFINE VULNERABLE POPULATIONS AS THOSE WITH EVIDENCED-BASED DISPARITIES IN HEALTH OUTCOMES, SIGNIFICANT BARRIERS TO CARE AND THE ECONOMICALLY DISADVANTAGED. THESE CRITERIA RESULT IN A PRIMARY COMMUNITY BENEFIT SERVICE AREA THAT INCLUDES THE COMMUNITIES OF THE MONUMENT AREA IN CONCORD AND THE EASTERN CONTRA COSTA COUNTY CITIES OF BAY POINT, PITTSBURG, ANTIOCH, OAKLEY, BRENTWOOD AND FARTHER EAST PARTS OF UNINCORPORATED CONTRA COSTA COUNTY.

PART VI, LINE 5: THE SOCIAL DETERMINANTS OF HEALTH STATUS INCLUDE: EDUCATION, CULTURE, INCOME AND SOCIAL STATUS, EMPLOYMENT AND WORKING CONDITIONS, SOCIAL SUPPORT NETWORKS, PHYSICAL ENVIRONMENT, PERSONAL BEHAVIOR AND COPING SKILLS, HEALTH SERVICES AND GENDER. TO THE EXTENT THAT RESIDENTS HAVE ADEQUATE EDUCATION, EMPLOYMENT, INCOME, A SAFE PHYSICAL ENVIRONMENT AND SOCIAL SUPPORT NETWORKS, THEY WILL HAVE THE CAPACITY TO MAKE HEALTHY BEHAVIOR CHOICES AND BE MORE LIKELY TO HAVE ACCESS TO HEALTH SERVICES. THEREFORE, ADDRESSING SOCIAL DETERMINANTS OF HEALTH STATUS IS THE NATURAL EXTENSION OF PREVENTIVE CARE.

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CONSISTENT WITH OUR FUNDING CRITERIA, OUR COMMUNITY BUILDING PROGRAMS
FOCUS ON VULNERABLE POPULATIONS DEFINED AS A POPULATION WITH ONE OR MORE
OF THE FOLLOWING CHARACTERISTICS:

- EVIDENCED-BASED DISPARITIES IN HEALTH OUTCOMES, E.G. AFRICAN AMERICANS
WITH HEART DISEASE, AFRICAN AMERICAN WOMEN WITH BREAST CANCER AND AFRICAN
AMERICANS AND LATINOS WITH DIABETES.

- SIGNIFICANT BARRIERS TO CARE, E.G. THE ISOLATED OR FRAIL ELDERLY, THOSE
WITH LANGUAGE OR CULTURAL BARRIERS TO EFFECTIVE CARE, THOSE WITH BARRIERS
TO APPROPRIATE AND TIMELY HEALTH CARE DUE TO LACK OF HEALTH INSURANCE,
THOSE WITH TRANSPORTATION OR MOBILITY BARRIERS, THOSE WITH LIMITATIONS ON
THEIR CAPACITY TO VOICE THEIR NEEDS IN THE HEALTH CARE SYSTEM SUCH AS
CHILDREN.

- ECONOMICALLY DISADVANTAGED; E.G. UNINSURED, UNDERINSURED AND/OR WORKING
POOR RESIDENTS.

OUR COMMUNITY BUILDING PROGRAMS AND ACTIVITIES ADDRESS SOCIOECONOMIC
BARRIERS TO OPTIMAL PHYSICAL AND MENTAL HEALTH SUCH AS JOBS, EDUCATION,
POVERTY, LANGUAGE, CULTURE, RACE, ETHNICITY, TRANSPORTATION ETC. OUR
PRIMARY AREAS OF FOCUS ARE THE MONUMENT COMMUNITY PARTNERSHIP AND
WORKFORCE DEVELOPMENT.

MONUMENT COMMUNITY PARTNERSHIP

THE MONUMENT COMMUNITY IS A SMALL, 3.81 SQUARE MILE AREA IN CONCORD CA.
OVER 38,000 PEOPLE LIVE IN THIS COMMUNITY WHICH IS OFTEN CHARACTERIZED AS
LOW INCOME AND HIGH NEED. THIS AREA HAS TRADITIONALLY BEEN HOME TO NEWLY
ARRIVED AND TRANSIENT IMMIGRANTS, PRIMARILY HISPANIC. NEARLY 50 PERCENT OF
RESIDENTS IDENTIFY AS HISPANIC, WITH 75 PERCENT OF THOSE LISTING MEXICAN
AS THEIR HERITAGE. THE MONUMENT COMMUNITY IS MULTI-GENERATIONAL WITH 15

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PERCENT OF THE POPULATION UNDER THE AGE OF 10 AND 12 PERCENT OVER THE AGE OF 60. THERE IS AN UNDER-REPRESENTATION OF THE POPULATION AS MANY OF THE UNDOCUMENTED RESIDENTS WILL NOT APPEAR AS PART OF THE CENSUS; IT IS UNKNOWN TO WHAT EXTENT.

THE HIGH NEED OF THE MONUMENT COMMUNITY IS EVIDENCED IN A NUMBER OF WAYS. A LARGE PROPORTION OF STUDENTS, BETWEEN 74 PERCENT AND 98 PERCENT DEPENDING ON THE SCHOOL, RECEIVE FREE AND REDUCED SCHOOL LUNCH. ALTHOUGH UNEMPLOYMENT IS RELATIVELY LOW AT 4 PERCENT, 34 PERCENT OF RESIDENTS ARE NOT IN THE LABOR FORCE AT ALL. MANY ARE UNDEREMPLOYED AS SEEN WITH THE LARGE NUMBERS OF DAY LABORERS. OVER 15 PERCENT OF THE HOUSEHOLDS DO NOT HAVE A VEHICLE, SO TRANSPORTATION IS A CONTINUING ISSUE. 32 PERCENT OF THE POPULATION SPEAKS SPANISH AT HOME AND AMONG STUDENTS ABOUT 60 PERCENT ARE ENGLISH LEARNERS. ALL FOUR MIDDLE AND ELEMENTARY SCHOOLS THAT SERVE YOUTH FROM THE MONUMENT ARE IN PROGRAM IMPROVEMENT STATUS AS OF 2008-9.

THE NEIGHBORHOOD IS QUITE CROWDED; ONE THIRD OF THE CITY POPULATION LIVES IN THE MONUMENT WHICH IS ONLY 10 PERCENT OF THE TOTAL LAND AREA. HOUSING AVERAGES ABOUT \$1,000 PER MONTH FOR A ONE BEDROOM APARTMENT AND MULTIPLE PEOPLE FREQUENTLY LIVE TOGETHER. POVERTY IS ALSO AN ISSUE WITH 13 PERCENT OF THE FAMILIES BELOW THE POVERTY LEVEL, ALMOST TWICE THAT OF THE CITY OF CONCORD AS A WHOLE. 44 PERCENT OF FAMILY HOUSEHOLDS MAKE LESS THAN \$50,000 PER YEAR. THE MOST OFTEN IDENTIFIED NEEDS ARE HOUSING, LEGAL HELP, HEALTH INSURANCE, AND EMPLOYMENT. ALTHOUGH OFTEN STRUGGLING TO MEET BASIC NEEDS, THE MONUMENT COMMUNITY HAS A WEALTH OF POTENTIAL AND ENTHUSIASM TO BE FOUND IN THIS POPULATION OF IMMIGRANTS.

THE MISSION OF THE MONUMENT COMMUNITY PARTNERSHIP (MCP) HAS BEEN TO BUILD A COMMUNITY OF PEOPLE WHO CARE ABOUT AND WANT TO INFLUENCE WHAT HAPPENS IN

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THE MONUMENT NEIGHBORHOOD OF CONCORD, CALIFORNIA.

THE MONUMENT COMMUNITY PARTNERSHIP (MCP) IS A BROAD-BASED COLLABORATIVE OF RESIDENTS, HUMAN SERVICE AGENCIES, HEALTH SERVICE AGENCIES, THE SCHOOL DISTRICT, CITY GOVERNMENT AND LOCAL BUSINESS OWNERS. IT IS DESIGNED TO IMPROVE THE WELL-BEING OF PEOPLE WHO LIVE IN THE MONUMENT COMMUNITY, A SEVERELY UNDER-RESOURCED NEIGHBORHOOD IN THE HEART OF CONCORD, CALIFORNIA. MCP WORKS TO INVOLVE RESIDENTS OF ALL AGES, ETHNICITIES AND IMMIGRATION STATUS AS EQUAL PARTNERS WITH LOCAL PUBLIC AND PRIVATE ORGANIZATIONS IN PRODUCTIVE, ACTION-BASED COLLABORATION. THROUGH FOUR PRIMARY PROGRAMS AND FIVE FOCUS AREAS THE MCP WORKS TOWARDS ITS GOAL TO MEASURABLY INCREASE THE SOCIAL AND ECONOMIC STABILITY AND MOBILITY OF CURRENT MONUMENT COMMUNITY RESIDENTS AND LOCAL BUSINESSES IN WAYS THAT PROMOTE THE HEALTH, WELL-BEING AND PROSPERITY OF BOTH THE COMMUNITY AND THE CITY OF CONCORD.

THE MCP FOCUSES ON FIVE CORE FOCUS AREAS THAT DEEPLY AFFECT COMMUNITY HEALTH AND WELL-BEING:

- LEADERSHIP DEVELOPMENT AND COMMUNITY CAPACITY BUILDING
- HEALTH AND SOCIAL SERVICES
- EDUCATION
- HOUSING AND BASIC NEEDS
- JOBS AND ECONOMIC DEVELOPMENT

THE PRIMARY PROGRAMS ARE: RESIDENT NETWORK, SERVICE NETWORK, MONUMENT FIRST 5 FAMILY RESOURCE CENTER AND THE BUSINESS ALLIANCE.

2009 COMMUNITY IMPACT:

- OVER 2500 PEOPLE SERVED THROUGH VARIOUS PROGRAMS

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- 201 RESIDENTS SERVE IN VARIOUS LEADERSHIP ROLES WITH THE MONUMENT

COMMUNITY PARTNERSHIP PROGRAMS

- 35 AGENCIES PARTICIPATED IN THE SERVICE NETWORK

- 300 FAMILIES PARTICIPATED IN THE MONUMENT COMMUNITY FIRST 5 FAMILY

RESOURCE CENTER PARENTING AND LITERACY CLASSES

- 120 BUSINESSES PARTICIPATED IN A SURVEY TO IDENTIFY CONCERNS AND DEVELOP
ADVOCACY AND PROGRAM RESPONSES

- THROUGH RESIDENT AND BUSINESS PARTICIPATION IN THE CITY GOVERNMENT
PROCESS:

-- THE MONUMENT COMMUNITY HAS BEEN WRITTEN INTO CONCORD'S 2030 GENERAL
PLAN

-- THE MONUMENT COMMUNITY HAS BEEN IDENTIFIED AS A BUSINESS DISTRICT IN
THE CITY'S ECONOMIC VITALITY PLAN

-- THE MONUMENT CORRIDOR PEDESTRIAN AND BICYCLE INFRASTRUCTURE IMPROVEMENT
PLAN IS MOVING FORWARD TOWARDS APPROVAL AND INCLUDES COMMUNITY INPUT

-- THE TRAILS PLAN WAS REVISED BASED ON COMMUNITY INPUT

-- URBAN DESIGN PLAN FOR MONUMENT BOULEVARD IS DEVELOPING WITH STRONG
RESIDENT AND BUSINESS INPUT

WORKFORCE DEVELOPMENT

THERE ARE WELL DOCUMENTED WORKFORCE SHORTAGES OF VARIOUS HEALTH
PROFESSIONALS. IN ADDITION THERE IS A NEED FOR INCREASED DIVERSITY IN THE
HEALTH PROFESSIONS WORKFORCE. JMH WORKS WITH A WIDE RANGE OF
ORGANIZATIONS TO SUPPORT GREATER EXPOSURE OF YOUTH TO HEALTH CAREERS
THROUGH A SPEAKERS' BUREAU, HEALTH CAREER FAIRS, WORKSHOPS, PRESENTATIONS
AND HANDS ON LEARNING OPPORTUNITIES IN THE FOLLOWING AREAS:

- MENTAL HEALTH COUNSELORS

- MEDICAL IMAGING TECHNOLOGY

Part VI Supplemental Information

- COMMUNITY HEALTH NURSING
- LAB PROFESSIONS, E.G. LAB SCIENTISTS, PHLEBOTOMY
- REGISTERED DIETITIANS
- PULMONARY REHABILITATION THERAPISTS
- PHYSICAL, OCCUPATIONAL AND SPEECH THERAPY
- SOCIAL WORK

PARTNERS:

- 15 HIGH SCHOOLS AND TWO MIDDLE SCHOOLS; THREE OF THE HIGH SCHOOLS INCLUDE HEALTH ACADEMIES
- HEALTH CAREER CONNECTION AT THE UNIVERSITY OF CALIFORNIA, BERKELEY WHICH ENCOURAGES MINORITY STUDENTS TO GO INTO HEALTH CAREERS.
- CONTRA COSTA CAREER COLLEGE
- WESTERN CAREER COLLEGE
- DIABLO VALLEY COMMUNITY COLLEGE

AN INCREASE IN A DIVERSE, WELL PREPARED HEALTH CARE WORKFORCE WILL INCREASE ACCESS TO CULTURALLY AND LINGUISTICALLY APPROPRIATE HEALTH CARE FOR ALL RESIDENTS AND BENEFIT ALL PROVIDERS.

THE VAST MAJORITY OF JMH COMMUNITY BENEFIT PROGRAMS FOCUS ON HEALTH CARE, HEALTH EDUCATION, EARLY DETECTION AND EARLY INTERVENTION SERVICES. WE BELIEVE THAT THE SOCIAL ENVIRONMENT DIRECTLY IMPACTS THE HEALTH OF ALL RESIDENTS AND AT LEAST SOME PORTION OF OUR CONTRIBUTIONS SHOULD ADDRESS AREAS THAT INCREASE THE CAPACITY OF RESIDENTS TO IMPROVE THEIR PHYSICAL ENVIRONMENT, TO MAKE HEALTHY LIFE STYLE DECISIONS AND TO ENGAGE IN THE PUBLIC POLICY PROCESS, BECAUSE PUBLIC POLICY, WHETHER IT IS LAND USE, TRANSPORTATION, HOUSING, ECONOMIC DEVELOPMENT OR EDUCATION, IS ALSO HEALTH

Part VI Supplemental Information

POLICY.

PART VI, LINE 6: JOHN MUIR HEALTH IS A NOT-FOR-PROFIT, COMMUNITY-BASED ORGANIZATION THAT IS GOVERNED LOCALLY BY THOSE WHO LIVE IN THE COMMUNITIES WE SERVE. COMMUNITY RESIDENTS ARE ACTIVELY INVOLVED IN OUR VARIOUS BOARDS AND BOARD COMMITTEES. OUR FOCUS REMAINS FIRMLY ON IMPROVING THE HEALTH OF THE PEOPLE OF CONTRA COSTA COUNTY. AS A NOT-FOR-PROFIT ORGANIZATION, THERE ARE NO SHAREHOLDERS WHO BENEFIT FROM OUR FINANCIAL SURPLUSES. INSTEAD, WE REINVEST OUR SURPLUSES INTO THE COMMUNITY WITH NEW PROGRAM IMPLEMENTATION, ADVANCED TECHNOLOGY, COMMUNITY SERVICES AND BUILDING PROJECTS. AS ONE OF THE LARGEST EMPLOYEES IN THE COUNTY WITH OVER 6,000 EMPLOYEES, JOHN MUIR HEALTH CONTRIBUTES SIGNIFICANTLY TO THE ECONOMIC VITALITY OF THE COUNTY.

JOHN MUIR MEDICAL CENTER - WALNUT CREEK CAMPUS ALSO SERVES AS CONTRA COSTA COUNTY'S ONLY TRAUMA CENTER, WHICH REPRESENTS AN ENORMOUS FINANCIAL AND SERVICE COMMITMENT TO THE ENTIRE REGION. OUR EMERGENCY DEPARTMENTS SERVE RESIDENTS REGARDLESS OF THEIR ABILITY TO PAY.

JOHN MUIR HEALTH IS RECOGNIZED AS A PREEMINENT PROVIDER OF REGIONAL CARDIOVASCULAR CARE, ORTHOPEDICS, NEUROSCIENCES, CANCER CARE AND OBSTETRICS. OTHER AREAS OF SPECIALTY INCLUDE GENERAL SURGERY, ADVANCED ENDOSCOPIC AND ROBOTIC SURGERY AND WEIGHT-LOSS SURGERY. OTHER SPECIALTY SERVICES PROVIDED IN CONTRA COSTA COUNTY ONLY BY JMH INCLUDE HIGH RISK NEONATAL SERVICES, INPATIENT PSYCHIATRIC SERVICES INCLUDING CHILD AND ADOLESCENT SERVICES, AND SUBSTANCE ABUSE SERVICES. OUR MEDICAL STAFFS ARE OPEN TO QUALIFIED PHYSICIANS IN THE COMMUNITY.

AS A NOT-FOR-PROFIT HEALTH SYSTEM, JOHN MUIR HEALTH HAS AN OBLIGATION TO

Part VI Supplemental Information

MAKE A CHARITABLE CONTRIBUTION TO THE COMMUNITY, BUT OUR COMMITMENT TO KEEPING THE COMMUNITIES WE SERVE HEALTHY GOES FAR DEEPER THAN THAT. JOHN MUIR HEALTH'S MISSION TO IMPROVE THE HEALTH OF THE COMMUNITIES WE SERVE WITH QUALITY AND COMPASSION ACCURATELY REFLECTS OUR COMMUNITY HEALTH EFFORTS AS A CORPORATE LEADER AND COMMUNITY PARTNER. IN 2009, 86 PERCENT OF JOHN MUIR HEALTH'S COMMUNITY BENEFIT ACTIVITIES WERE SPECIFICALLY TARGETED TO THOSE INDIVIDUALS AND FAMILIES THAT EXPERIENCE SOCIAL AND ECONOMIC BARRIERS THAT PRECLUDE THEIR ACCESS TO NECESSARY HEALTH CARE SERVICES.

IT IS THE EXPERTISE PROVIDED BY COMMUNITY-BASED ORGANIZATIONS, COUPLED WITH JOHN MUIR HEALTH'S RESOURCES AND COMMITMENT TO SERVE THE COMMUNITY, THAT PROVIDE THE GREATEST OPPORTUNITY FOR SUCCESS IN ADDRESSING THE MANY UNMET HEALTH NEEDS AND HEALTH DISPARITIES IN CENTRAL AND EASTERN CONTRA COSTA COUNTY.

THIS LOCAL COMMITMENT IS EXPRESSED IN THE MANY INITIATIVES WE DELIVER TO THE COMMUNITY, INCLUDING MEDICAL SERVICES FOR VULNERABLE POPULATIONS IN THE COUNTY. FOR MANY INDIVIDUALS AND FAMILIES WITH NO INSURANCE AND LIMITED MEANS, JOHN MUIR HEALTH PROVIDES CHARITY CARE. IN 2009 WE PROVIDED \$9.4 MILLION IN UNCOMPENSATED MEDICAL SERVICE COSTS. JOHN MUIR HEALTH ALSO ABSORBS THE FINANCIAL COST OF PROVIDING CARE TO INDIVIDUALS THAT EXCEEDS THE REIMBURSEMENTS WE RECEIVE FROM MEDI-CAL (IN 2009, THIS GAP WAS \$13.9 MILLION).

IN ADDITION TO THIS DIRECT DELIVERY OF CARE, JOHN MUIR HEALTH PROVIDES BROAD FINANCIAL AND TECHNICAL SUPPORT TO PROMOTE COMMUNITY WELLNESS. EACH YEAR THE ORGANIZATION CONTRIBUTES MORE THAN \$1 MILLION TO THE JOHN

Part VI Supplemental Information

MUIR/MT. DIABLO COMMUNITY HEALTH FUND, WHOSE GOAL IS TO FOSTER SYSTEMIC CHANGE THAT IMPROVES THE HEALTH OF PEOPLE IN CENTRAL AND EAST CONTRA COSTA COUNTY WHO ARE MOST LIKELY TO EXPERIENCE HEALTH CARE DISPARITIES. BY WORKING WITH LEADING COMMUNITY GROUPS, THE JOHN MUIR COMMUNITY HEALTH ALLIANCE HAS HELPED FOSTER MANY INNOVATIVE HEALTHCARE PROGRAMS, INCLUDING OUR MOBILE HEALTH CLINIC, THE DENTAL COLLABORATIVE OF CONTRA COSTA WHICH OPERATES A MOBILE DENTAL CLINIC, SENIOR SERVICES AND THE FAITH AND HEALTH PARTNERSHIP.

CONSISTENT WITH OUR ROLE AS THE COUNTY TRAUMA CENTER, WE ALSO MADE A THREE YEAR COMMITMENT OF \$1 MILLION PER YEAR TO SUPPORT DOCTORS MEDICAL CENTER IN SAN PABLO, CALIFORNIA. THIS HOSPITAL WAS ON THE VERGE OF CLOSING WITHOUT ASSISTANCE. DOCTORS MEDICAL CENTER HAS THE ONLY EMERGENCY DEPARTMENT IN THE WESTERN PART OF THE COUNTY AND SERVES AN EXTREMELY LOW INCOME, UNDERSERVED POPULATION. OUR CONTRIBUTION AND COLLABORATION WITH THE CONTRA COSTA COUNTY HEALTH SERVICES DEPARTMENT AND KAISER PERMANENTE RESULTED IN THE CONTINUATION OF HOSPITAL AND EMERGENCY SERVICES FOR THE RESIDENTS OF WEST COUNTY.

IN 2009, OUR COMMUNITY BENEFIT ACTIVITIES FURTHER FOCUSED ON THOSE WITH DISPARITIES IN HEALTH OUTCOMES. WE CONTINUED OUR PARTNERSHIPS WITH LA CLINICA DE LA RAZA AND THE CONTRA COSTA HEALTH SERVICES DEPARTMENT TO SERVE LOW INCOME RESIDENTS THROUGH THE JOHN MUIR MOBILE HEALTH CLINIC AND THE DENTAL COLLABORATIVE OF CONTRA COSTA. WE CONTINUED OUR INNOVATIVE TEEN PREGNANCY RESOURCE PROGRAM TO EDUCATE LOW-INCOME PREGNANT TEENS AND TO ENCOURAGE APPROPRIATE PRE- AND POST-NATAL CARE FOR THE MOTHER AND INFANT. AND WE PARTNERED WITH THE ORGANIZATION FOSTER A DREAM TO CREATE PHYSICAL AND MENTAL HEALTH RESOURCES FOR FOSTER YOUTH GOING THROUGH THE CRITICAL

Part VI Supplemental Information

TRANSITION FROM FOSTER CARE INTO INDEPENDENT ADULTHOOD. IN PARTNERSHIP WITH CONTRA COSTA HEALTH SERVICES AND OTHER COMMUNITY HOSPITALS, WE COLLABORATED TO PLAN, FUND, AND IMPLEMENT A RESPITE CENTER FOR HOMELESS PATIENTS DISCHARGED FROM ACUTE CARE HOSPITALS.

JOHN MUIR HEALTH OUTREACH ALSO SEEKS TO SERVE AT-RISK, OLDER ADULTS IN THE COMMUNITY. AMONG THE PROGRAMS WE SUPPORT ARE THE CARING HANDS VOLUNTEER CAREGIVER PROGRAM, WHICH CREATES ONE-TO-ONE MATCHES BETWEEN VOLUNTEERS AND SENIORS WHO ARE FRAIL, ISOLATED, AND/OR DISABLED. FREE, NON-MEDICAL, IN-HOME ASSISTANCE ENABLES THESE SENIORS TO STAY IN THEIR HOMES AND REMAIN INDEPENDENT AND SAFE. THE FALL PREVENTION PROGRAM OF CONTRA COSTA COUNTY, WHICH IS ALSO SUPPORTED BY JOHN MUIR HEALTH, WORKS WITH SENIOR GROUPS TO GENERATE AWARENESS AND REDUCE INJURIES DUE TO FALLS THROUGH HOME SAFETY ASSESSMENTS AND HOME MODIFICATIONS FOR LOW INCOME SENIORS.

COMMUNITY BENEFITS ALSO INCLUDE HEALTH PROFESSIONS EDUCATION PROGRAMS IN THE AREAS OF NURSING, PHYSICAL THERAPY, ULTRASOUND TECHNOLOGY, RADIOLOGIC TECHNOLOGY, REHABILITATION AND CLINICAL PASTORAL CARE.

JOHN MUIR MEDICAL CENTERS SERVED OVER 646,877 RESIDENTS THROUGH OUR COMMUNITY BENEFIT PROGRAMS IN 2009.

MORE DETAIL ON OUR COMMUNITY PROGRAMS FOR VULNERABLE POPULATIONS INCLUDING EXCERPTS FROM OUR PROGRAM EVALUATIONS CAN BE FOUND AT WWW.JOHNMUIRHEALTH.COM.

OUR COLLABORATIVE COMMUNITY HEALTH ASSESSMENT PROCESS IS DESCRIBED IN QUESTION #2.

Part VI Supplemental Information

OUR PROCESS FOR SELECTING PROGRAMS THAT RESPOND TO COMMUNITY NEEDS IS DESCRIBED IN QUESTION #4.

OUR PATIENT FINANCIAL ASSISTANCE POLICIES ARE DESCRIBED IN QUESTIONS #1 AND 3.

THE JOHN MUIR FOUNDATION RAISES FUNDS TO OFFSET THE COST OF CAPITAL AND OPERATING EXPENSES FOR JMH PROGRAMS AND IN THIS WAY MITIGATES THE COST OF CARE PROVIDED AND ASSISTS JMH IN MAINTAINING STATE OF THE ART FACILITIES, EQUIPMENT AND PROGRAMS FOR THE COMMUNITY.

PART VI, LINE 7: JOHN MUIR/MT. DIABLO COMMUNITY HEALTH FUND

1399 YGNACIO VALLEY ROAD, SUITE 36, WALNUT CREEK, CA

THE JOHN MUIR/MT. DIABLO COMMUNITY HEALTH FUND IS THE COMMUNITY BENEFIT GRANT-MAKING ARM OF JOHN MUIR HEALTH. IT IS OUR GOAL TO FOSTER SYSTEMIC CHANGE THAT IMPROVES THE HEALTH OF PEOPLE IN CENTRAL AND EAST CONTRA COSTA COUNTY WHO ARE UN- OR UNDER-INSURED, HAVE LIMITED ACCESS TO HEALTH CARE, ARE MOST AT-RISK FOR POOR HEALTH, AND ARE MOST LIKELY TO EXPERIENCE HEALTH CARE DISPARITIES. TO ACCOMPLISH OUR GOAL, WE'VE DEVELOPED A FUNDING PROCESS THAT NURTURES LONG-TERM PARTNERSHIPS WITH AND AMONG COMMUNITY-BASED ORGANIZATIONS. THIS LEADS TO VISIONARY HEALTH INITIATIVES THAT BUILD AND SUSTAIN THE CAPACITY TO DELIVER ON THE PROMISE OF GOOD HEALTH AND AFFORDABLE HEALTH CARE FOR ALL. FROM 1997, THE YEAR THE COMMUNITY HEALTH FUND WAS FORMED, THROUGH 2009, THE FUND HAS GRANTED OVER \$18 MILLION JOHN MUIR HEALTH COMMUNITY BENEFIT DOLLARS INTO LOCAL COMMUNITY-BASED HEALTH PROJECTS. MORE DETAILED INFORMATION ABOUT THE FUND, ITS GOVERNANCE, GRANT PROGRAM AND COMMUNITY BENEFIT REPORTS CAN FOUND ON

Part VI Supplemental Information

ITS WEBSITE: WWW.JMMDCOMMUNITYHEALTHFUND.COM. PRESIDENT IS GRACE CALIENDO.

JOHN MUIR PHYSICIAN NETWORK

1350 TREAT BOULEVARD, SUITE 450, WALNUT CREEK, CA

THE JOHN MUIR PHYSICIAN NETWORK IS A NOT-FOR-PROFIT PUBLIC BENEFIT CORPORATION, WHOSE SOLE CORPORATE MEMBER IS JOHN MUIR HEALTH. SINCE ITS INCEPTION IN 1996, IT HAS BECOME ONE OF THE LARGEST PROVIDERS OF PRIMARY CARE AND SPECIALTY PHYSICIAN CARE IN NORTHERN CALIFORNIA, WITH MORE THAN 890 PRIMARY CARE AND SPECIALTY PHYSICIANS WHO DELIVER COORDINATED PATIENT CARE. PHYSICIANS ASSOCIATED WITH THE PHYSICIAN NETWORK BELONG TO EITHER JOHN MUIR MEDICAL GROUP (JMMG) OR MUIR MEDICAL GROUP IPA, INC. THE PHYSICIAN NETWORK OWNS AND OPERATES PRIMARY CARE CLINICS STAFFED BY JMMG PHYSICIANS IN 23 LOCATIONS FROM BRENTWOOD TO PLEASANTON. THE NETWORK ALSO PROVIDES HOSPITALISTS (IN-PATIENT MEDICAL SERVICES) AT THE JOHN MUIR HEALTH HOSPITALS. THE PHYSICIAN NETWORK IS ACTIVE IN COMMUNITY SERVICE, HEALTH EDUCATION AND CLINICAL RESEARCH. THE PHYSICIAN NETWORK CURRENTLY HOLDS CONTRACTS WITH MAJOR HEALTH PLANS FOR MORE THAN 78,000 COMMERCIAL AND SENIOR HMO MEMBERS. ADDITIONALLY, THE PHYSICIAN NETWORK PROVIDES A PHYSICIAN PANEL, MEDICAL MANAGEMENT AND CLAIMS SERVICES FOR MORE THAN 8,600 JOHN MUIR HEALTH EMPLOYEES AND DEPENDENTS PARTICIPATING IN THE EXCLUSIVE PROVIDER ORGANIZATION HEALTH PLAN. THE PHYSICIAN NETWORK MANAGES HEALTH PLAN CONTRACTING FOR JOHN MUIR HEALTH AND ITS HOSPITALS AND MANAGES THE JOHN MUIR HEALTH PHYSICIAN RECRUITMENT PROGRAM TO MEET COMMUNITY NEEDS.

PAUL SWENSON, IS THE PRESIDENT AND CHIEF EXECUTIVE OFFICER OF THE JOHN MUIR PHYSICIAN NETWORK, AND REPORTS TO A 12-MEMBER BOARD OF DIRECTORS.

JOHN MUIR HEALTH IS THE SOLE CORPORATE MEMBER OF THE JOHN MUIR PHYSICIAN

Part VI Supplemental Information

NETWORK.

JOHN MUIR BEHAVIORAL HEALTH

2740 GRANT STREET, CONCORD, CA

JOHN MUIR HEALTH OFFERS COMPLETE INPATIENT AND OUTPATIENT BEHAVIORAL HEALTH PROGRAMS AND SERVICES THROUGH THE JOHN MUIR BEHAVIORAL HEALTH CENTER, OUR FULLY ACCREDITED, 73-BED PSYCHIATRIC HOSPITAL LOCATED IN CONCORD. THE JOHN MUIR BEHAVIORAL HEALTH CENTER OFFERS PSYCHIATRIC TREATMENT FOR ADULTS, CHILDREN AND ADOLESCENTS WHO ARE EXPERIENCE EMOTIONAL OR BEHAVIORAL PROBLEMS. FOR THOSE WHO ARE DEPENDENT ON ALCOHOL OR DRUGS, WE OFFER A FULL ARRAY OF CHEMICAL DEPENDENCY TREATMENT PROGRAMS. JOHN MUIR BEHAVIORAL HEALTH CENTER IS ACCREDITED BY THE JOINT COMMISSION. CHIEF OPERATING OFFICER IS LIZ STALLINGS.

JOHN MUIR HEALTH FOUNDATION

1400 TREAT BOULEVARD, SUITE 300, WALNUT CREEK, CA

THE FOUNDATION RAISES FUNDS FOR PROGRAMS AND PROJECTS OF JOHN MUIR HEALTH, INCLUDING VARIOUS EDUCATION PROGRAMS, OPERATIONS, BUILDINGS AND EQUIPMENT. JOHN MUIR HEALTH IS THE SOLE CORPORATE MEMBER OF JOHN MUIR HEALTH FOUNDATION.

PART VI, LINE 8, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:

CA

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

JOHN MUIR HEALTH

Employer identification number

94-1461843

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ **Yes** ☐ **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any

recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ... ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JOHN MUIR HEALTH FOUNDATION 1400 TREAT BLVD., SUITE 300 WALNUT CREEK, CA 94597	94-2650855	501(C)(3)	294,067.	0.			TRANSFERRED ALL RESTRICTED FUNDS TO JOHN MUIR HEALTH FOUNDATION, THE NEW CUSTODIAN OF
JOHN MUIR/MT. DIABLO COMMUNITY HEALTH FUND - 1399 YGNACIO VALLEY ROAD, SUITE 36 - WALNUT CREEK, CA 94598	91-1788973	501(C)(3)	1,344,183.	0.			CHF UTILIZES THESE FUNDS TO AWARD GRANTS TO OUTSIDE AGENCIES IN OUR COMMUNITIES TO FURTHER

2 Enter total number of section 501(c)(3) and government organizations **2.**

3 Enter total number of other organizations **0.**

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2009

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS	16	49,000.	0.		

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: GRANTS MADE TO JOHN MUIR/MT. DIABLO COMMUNITY

HEALTH FUND IN FURTHERANCE OF THE ORGANIZATION'S EXEMPT PURPOSE ARE

MONITORED IN ACCORDANCE WITH THE COMMUNITY HEALTH FUND'S ESTABLISHED

PROCEDURES FOR MONITORING THE PERFORMANCE OF FUNDED ORGANIZATIONS. THE

COMMUNITY HEALTH FUND REPORTS GRANT MAKING ACTIVITY TO A REPRESENTATIVE OF

JOHN MUIR HEALTH'S BOARD OF DIRECTORS ON A PERIODIC BASIS.

FINANCIAL MANAGEMENT MONITORS THE TRANSFER OF ALL RESTRICTED FUNDS TO JOHN

MUIR HEALTH FOUNDATION.

Part IV Supplemental Information

SCHOLARSHIPS MADE IN FURTHERANCE OF THE ORGANIZATION'S EXEMPT PURPOSE ARE SUBJECT TO CONDITIONS ESTABLISHED TO ENSURE THAT INDIVIDUALS RECEIVING SCHOLARSHIPS ARE ADEQUATELY INVESTIGATED TO VERIFY THAT THEY ARE QUALIFIED RECIPIENTS. SCHOLARSHIPS MADE TO INDIVIDUALS ARE NOT MATERIAL IN NATURE AND DO NOT REQUIRE FURTHER MONITORING OF THE USE OF SCHOLARSHIP FUNDS.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: JOHN MUIR HEALTH FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TRANSFERRED ALL RESTRICTED FUNDS TO JOHN MUIR HEALTH FOUNDATION, THE NEW CUSTODIAN OF THESE FUNDS.

NAME OF ORGANIZATION OR GOVERNMENT:

JOHN MUIR/MT. DIABLO COMMUNITY HEALTH FUND

(H) PURPOSE OF GRANT OR ASSISTANCE: CHF UTILIZES THESE FUNDS TO AWARD GRANTS TO OUTSIDE AGENCIES IN OUR COMMUNITIES TO FURTHER THE HEALTH OF THE COMMUNITY.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ **Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.**

▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

JOHN MUIR HEALTH

Employer identification number

94-1461843

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|---|---|
| <input type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

1b ☒

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,
trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

2 ☒

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's
CEO/Executive Director. Check all that apply.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing
organization or a related organization:

4a ☒

a Receive a severance payment or change-of-control payment?

4b ☒

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

4c ☐

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation
contingent on the revenues of:

5a ☐

a The organization?

5b ☒

b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation
contingent on the net earnings of:

6a ☒

a The organization?

6b ☒

b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments
not described in lines 5 and 6? If "Yes," describe in Part III

7 ☐

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the
initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

8 ☒

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in
Regulations section 53.4958-6(c)?

9 ☐

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
J. KENDALL ANDERSON	(i)	799,989.	546,070.	649,632.	876,740.	27,385.	2,899,816.	865,892.
	(ii)	0.	0.	0.	0.	0.	0.	0.
MICHAEL MOODY	(i)	348,005.	132,894.	22,079.	231,408.	26,528.	760,914.	59,580.
	(ii)	0.	0.	0.	0.	0.	0.	0.
KENNETH MEEHAN	(i)	484,994.	278,280.	20,959.	448,303.	32,908.	1,265,444.	142,695.
	(ii)	0.	0.	0.	0.	0.	0.	0.
PAUL SWENSON	(i)	485,175.	250,729.	56,986.	466,049.	25,712.	1,284,651.	122,304.
	(ii)	0.	0.	0.	0.	0.	0.	0.
JANE WILLEMSSEN	(i)	393,935.	214,036.	35,981.	343,708.	28,290.	1,015,950.	102,952.
	(ii)	0.	0.	0.	0.	0.	0.	0.
THOMAS HARLAN	(i)	0.	90,371.	319,540.	162,261.	16,086.	588,258.	36,386.
	(ii)	0.	0.	0.	0.	0.	0.	0.
MICHAEL THOMAS	(i)	347,644.	98,300.	12,177.	136,562.	24,885.	619,568.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
ERIC SAFF	(i)	329,992.	124,591.	6,208.	205,234.	30,251.	696,276.	54,736.
	(ii)	0.	0.	0.	0.	0.	0.	0.
NEIL MILLER	(i)	312,998.	127,153.	17,831.	207,676.	20,428.	686,086.	60,770.
	(ii)	0.	0.	0.	0.	0.	0.	0.
ALICE VILLANUEVA	(i)	296,254.	112,769.	15,342.	203,602.	21,740.	649,707.	50,232.
	(ii)	0.	0.	0.	0.	0.	0.	0.
NANCY OLSON	(i)	282,310.	111,688.	9,976.	200,625.	23,373.	627,972.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
R. SCOTT LIFF	(i)	286,270.	161,339.	11,078.	178,119.	24,637.	661,443.	100,505.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

PART I, LINE 1A: THE COMPANY HAS A POLICY WHEREBY CERTAIN PAYMENTS TO EMPLOYEES AND MEMBERS OF THE BOARD OF DIRECTORS ARE GROSSED UP. THESE PAYMENTS ARE NOT A USUAL OCCURRENCE AND ARE EVALUATED AND APPROVED BY THE CEO OR A KEY EMPLOYEE AND THE CFO. ADDITIONALLY, FOR CERTAIN MEMBERS OF MANAGEMENT THAT ARE RECRUITED FROM OUTSIDE OF THE AREA A HOUSING ALLOWANCE CAN BE PROVIDED AS PART OF THE RECRUITMENT PROCESS. EACH RECRUITMENT IS EVALUATED ON A CASE-BY-CASE BASED ON THE CURRENT MARKET AND THE QUALIFICATIONS OF THE CANDIDATE TO DETERMINE WHETHER OR NOT THE INCLUSION OF A HOUSING ALLOWANCE WILL BE PART OF THE RECRUITMENT PACKAGE. FOR CERTAIN MEMBERS OF MANAGEMENT A REIMBURSEMENT OF UP TO 50% OF HEALTH CLUB DUES IS AVAILABLE. THIS PERQUISITE IS INCLUDED AS PART OF THE EVALUATION OF THE ANNUAL COMPENSATION EVALUATION PROCESS. ALL COMPONENTS DISCUSSED IN THIS SECTION ARE TREATED AS TAXABLE INCOME FOR THE EMPLOYEE RECEIVING THE PAYMENT.

PART I, LINE 4A: LINE 4A

THOMAS HARLAN - \$313,040

LINE 4B

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

J. KENDALL ANDERSON - \$115,246

KENNETH MEEHAN - \$58,981

PAUL SWENSON - \$102,531

JANE WILLEMSSEN - \$46,643

PART I, LINE 6: THE CORPORATION, WITH THE OVERSIGHT AND APPROVAL OF THE
COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS, BASES A PORTION OF ANNUAL
MANAGEMENT INCENTIVE PAYMENTS ON THE CONSOLIDATED NET EARNINGS TARGETS OF
THE JOHN MUIR HEALTH. ADDITIONALLY, WHERE APPROPRIATE MANAGEMENT OVERSIGHT
EXISTS, A PORTION OF AN EXECUTIVE'S MANAGEMENT INCENTIVE CAN ALSO BE BASED
ON THE NET EARNINGS TARGETS OF THE CORPORATION AND VARIOUS SUBSIDIARIES.
PAYMENTS TO MANAGEMENT PERSONNEL ARE MADE IN THE SUBSEQUENT YEAR BASED ON
THE LEVEL OF ACHIEVEMENT OF ALL ELEMENTS OF THE INCENTIVE PROGRAM, OF WHICH
NET EARNINGS TARGETS ARE A COMPONENT. THEREFORE, EACH YEAR AN ACCRUAL OF
THE ESTIMATED PAYMENTS FOR MANAGEMENT INCENTIVES IS INCLUDED IN THE
CALCULATION OF NET EARNINGS TARGETS FOR THAT YEAR.

THE INCENTIVE PROGRAMS FOR THE MANAGEMENT OF JOHN MUIR HEALTH ARE DEVELOPED
AND REVIEWED BY AN OUTSIDE CONSULTANT WHOSE EXPERTISE IS IN COMPENSATION

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

AND WHO DEVELOPS MARKET DATA FOR SIMILAR ORGANIZATIONS AS A BASIS FOR THE CORPORATION'S INCENTIVE PROGRAM. THE INCENTIVE PROGRAM AND MARKET DATA IS REVIEWED WITH THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS.

J. KENDALL ANDERSON RECEIVED A PAYMENT FOR HIS SUPPLEMENTAL EMPLOYEE RETIREMENT PLAN ("SERP") OF \$597,320 FOR HIS PRIOR 35 YEARS OF SERVICE WITH JOHN MUIR HEALTH IN 2009. THIS PAYOUT WAS BASED ON A FORMULA OF YEARS OF SERVICE AND AN INCOME REPLACEMENT OF 60%. THIS SUPPLEMENTAL RETIREMENT BENEFIT WAS AT-RISK UNTIL HE REACHED AGE 65, AT WHICH TIME IT WAS REQUIRED TO BE PAID OUT. THE SUPPLEMENTAL RETIREMENT BENEFIT, AS WELL AS ALL ELEMENTS OF J. KENDALL ANDERSON'S COMPENSATION AND BENEFITS, ARE REVIEWED AND APPROVED BY THE COMPENSATION COMMITTEE OF ITS BOARD OF DIRECTORS WHO ENSURES, THROUGH AN INDEPENDENT THIRD PARTY EXPERT, THAT JOHN MUIR HEALTH'S COMPENSATION PHILOSOPHY AND POLICIES ARE MET.

COMPENSATION FOR THE CHIEF EXECUTIVE OFFICER, OTHER OFFICERS AND KEY EMPLOYEES ARE ESTABLISHED ANNUALLY BY THE COMPENSATION COMMITTEE. THE COMPENSATION COMMITTEE UTILIZES AN OUTSIDE CONSULTANT WHO IS A COMPENSATION EXPERT. THE OUTSIDE CONSULTANT PROVIDES MARKET DATA FOR EACH INDIVIDUAL

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

BASED UPON THEIR LEVEL OF RESPONSIBILITIES AND THAT DATA IS USED BY THE
COMPENSATION COMMITTEE TO ESTABLISH THE ANNUAL COMPENSATION PACKAGE FOR
EACH INDIVIDUAL. IT IS THE PHILOSOPHY OF THE ORGANIZATION TO ESTABLISH A
COMPENSATION PACKAGE FOR EACH INDIVIDUAL THAT REFLECTS THE MEDIAN OF THE
MARKET AS ESTABLISHED BY THE OUTSIDE CONSULTANT.

SCHEDULE K
(Form 990)
Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).
► Attach to Form 990. See separate instructions.

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Name of the organization

JOHN MUIR HEALTH

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94-1461843

Part I Bond Issues SEE SCHEDULE O FOR COLUMN (F) CONTINUATIONS

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer	
						Yes	No	Yes	No
A CALIFORNIA STATEWIDE COMMUNITY DEVELOPMENT AU	68-0164610	130911J84	05/10/05	50,290,253.	SEE SCHEDULE O		X		X
B CALIFORNIA STATEWIDE COMMUNITY DEVELOPMENT AU	68-0164610	130911Y87	06/14/06	203,016,972.	SEE SCHEDULE O		X		X
C CALIFORNIA STATEWIDE COMMUNITY DEVELOPMENT AU	68-0164610	130795UC9	05/02/08	145,800,000.	SEE SCHEDULE O		X		X
D CALIFORNIA STATEWIDE COMMUNITY DEVELOPMENT AU	68-0164610	130795N86	10/29/09	101,911,852.	SEE SCHEDULE O		X		X
E									

Part II Proceeds

	A		B		C		D		E	
1 Total proceeds of issue	50,290,253.		231,090,613.		145,800,000.		101,922,259.			
2 Gross proceeds in reserve funds										
3 Proceeds in refunding or defeasance escrows										
4 Other unspent proceeds							68,353,783.			
5 Issuance costs from proceeds	1,552,703.		2,140,116.		1,634,836.		1,837,305.			
6 Working capital expenditures from proceeds			23,598,317.							
7 Capital expenditures from proceeds			205,352,180.				31,801,171.			
8 Year of substantial completion										
9 Were the bonds issued as part of a current refunding issue? ...	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	X			X	X			X		
10 Were the bonds issued as part of an advance refunding issue?		X		X		X		X		
	X			X	X			X		
11 Has the final allocation of proceeds been made?	X			X	X			X		
12 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X			

Part III Private Business Use

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?										
2 Are there any lease arrangements with respect to the financed property which may result in private business use?										

Part III Private Business Use (Continued)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts with respect to the financed property which may result in private business use?										
b Are there any research agreements with respect to the financed property which may result in private business use? ...										
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		%		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%		%
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										

Part IV Arbitrage

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		X		
2 Is the bond issue a variable rate issue?		X		X	X			X		
3a Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X		X		X		X		
b Name of provider										
c Term of hedge										
4a Were gross proceeds invested in a GIC?		X	X			X		X		
b Name of provider			JP MORGAN CHASE BANK							
c Term of GIC			4.0000000							
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?			X							
5 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X		
6 Did the bond issue qualify for an exception to rebate?	X			X	X			X		

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ **Complete if the organization answered**
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

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Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
JANE WILLEMSSEN -		X	100,000.	58,333.		X	X		X	

Total ▶ \$ 58,333.

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
MICHAEL BAKER, MD	FAMILY MEMBER OF A	26,886.	CONTRACT FO		X
CONTRA COSTA CARDIOLOGY ME	BOARD MEMBER IS A M	288,794.	CONTRACT FO		X

LHA For Privacy Act and Paperwork Reduction Act Notice, see the
Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2009

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
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▶ Attach to Form 990.

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FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ROSSMOOR. KEY PROGRAMS INCLUDE TRAUMA, CARDIAC, CANCER, NEUROSCIENCES,
ORTHOPEDICS, OBSTETRICS, AND REHABILITATION.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

NRC (NATIONAL RESEARCH CORPORATION) FOR BEST IMAGE AND REPUTATION IN
ITS SERVICE AREA. OUR PROGRAM EMPHASIS IN 2009 WAS ON CONTINUED
OUTREACH TO UNINSURED, UNDERSERVED, AND VULNERABLE POPULATIONS IN OUR
SERVICE AREA THROUGH COMMUNITY PARTNERSHIPS TO PROVIDE DIRECT SERVICES
INCLUDING GERIATRIC CARE COORDINATION, MOBILE DENTAL CLINIC, MOBILE
HEALTH CLINIC, SUPPORT FOR TEEN PREGNANCY PROGRAMS, OPERATION ACCESS,
VIOLENCE PREVENTION, AND PARISH-BASED NURSING. ON THE HOSPITAL
CAMPUSES, WE CONTINUED CONSTRUCTION ON TWO NEW PATIENT TOWERS TO COMPLY
WITH CALIFORNIA SEISMIC REQUIREMENTS (OCCUPANCY PLANNED FOR LATE 2010
AND EARLY 2011).

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

HIGH-RISK HEART ATTACK (STEMI) RECEIVING CENTERS BY THE COUNTY
DEPARTMENT OF EMERGENCY MEDICAL SERVICES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

NEUROSCIENCES IS THE FOURTH LARGEST PROGRAM. ACHIEVEMENTS IN 2009
INCLUDED: (1) AWARDED "GOLD PERFORMANCE ACHIEVEMENT AWARD" BY THE
AMERICAN HEART ASSOCIATION, FOR TWO OR MORE YEARS OF SUSTAINED
PERFORMANCE IN STROKE MANAGEMENT; (2) RECERTIFIED BY THE JOINT
COMMISSION FOR THE TWO PRIMARY STROKE CENTERS; (3) DEVELOPED A RESEARCH

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932211
02-03-10

Schedule O (Form 990) 2009

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990**Complete to provide information for responses to specific questions on
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RELATIONSHIP WITH THE HELEN WILLS NEUROSCIENCE INSTITUTE AT THE
UNIVERSITY OF CALIFORNIA BERKELEY; (4) IMPLEMENTED A PROGRESSIVE CARE
STROKE UNIT; (5) ENHANCED FUNCTIONAL MRI IMAGING PROGRAM WITH PERFUSION
TECHNOLOGY; (6) ESTABLISHED BRAIN INJURY PROTOCOL AND TRAINED OVER 600
STAFF ACROSS TWO CAMPUSES; (7) SPONSORED A VISITING FELLOWSHIP
MASSACHUSETTS GENERAL HOSPITAL.

ORTHOPEDICS IS THE FIFTH LARGEST PROGRAM. IN 2009, WE WERE PLEASED TO
BE RECOGNIZED FOR THE FOR THE THIRD YEAR IN A ROW BY US NEWS AND WORLD
REPORT AS ONE OF "AMERICA'S BEST HOSPITALS" FOR ORTHOPEDICS. BOTH
CAMPUSES RECEIVED WERE RECOGNIZED AS BLUE DISTINCTION CENTERS OF
EXCELLENCE FOR OUR HIP AND KNEE REPLACEMENT PROGRAMS. WE PARTNERED
WITH THE ARTHRITIS FOUNDATION FOR NORTHERN CALIFORNIA AND PROVIDED
PHYSICIAN-LED WORKSHOPS ABOUT ARTHRITIS AND RELATED TOPICS AS A FREE
COMMUNITY SERVICE.

EXPENSES \$ 387158461. INCLUDING GRANTS OF \$ 1687250. REVENUE \$ 47270665

FORM 990, PART VI, SECTION A, LINE 4: THE BYLAWS OF JOHN MUIR HEALTH WERE
AMENDED AND RESTATED IN 2009. THE AMENDED AND RESTATED BYLAWS INCORPORATE
THE FOLLOWING SIGNIFICANT CHANGES: (1) TO FORMALLY DESIGNATE THE GOVERNANCE
COMMITTEE AS THE BODY RESPONSIBLE FOR COMPLIANCE OVERSIGHT, (2) TO FORMALLY
DESIGNATE THE FINANCE COMMITTEE AS THE BODY RESPONSIBLE FOR OVERALL JOINT
VENTURE OVERSIGHT, AND (3) TO ADD THE CREDENTIALING SUBCOMMITTEE TO THE
QUALITY AND PATIENT SAFETY COMMITTEE FOR THE PURPOSE OF REVIEWING
RECOMMENDATIONS OF THE MEDICAL STAFF RELATING TO CREDENTIALING, PEER REVIEW
AND RELATED POLICIES.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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FORM 990, PART VI, SECTION A, LINE 6: MT. DIABLO HEALTHCARE DISTRICT AND JOHN MUIR ASSOCIATION HAVE THE RIGHT TO APPROVE CERTAIN SIGNIFICANT CORPORATE ACTIONS (AS DESCRIBED IN SCHEDULE O).

FORM 990, PART VI, SECTION A, LINE 7B: THE BYLAWS OF JOHN MUIR HEALTH PROVIDE THAT JOHN MUIR HEALTH MAY NOT, WITHOUT THE PRIOR WRITTEN CONSENT OF THE MT. DIABLO HEALTHCARE DISTRICT, A POLITICAL SUBDIVISION OF THE STATE OF CALIFORNIA, AND THE JOHN MUIR ASSOCIATION, A CALIFORNIA NONPROFIT CORPORATION: (I) SELL, TRANSFER, OR OTHERWISE DISPOSE OF ALL OR SUBSTANTIALLY ALL THE ASSETS OF JOHN MUIR HEALTH; (II) ISSUE A MEMBERSHIP IN JOHN MUIR HEALTH TO ANY PERSON OR ENTITY; (III) MERGE WITH ANY OTHER PERSON OR ENTITY, UNLESS JOHN MUIR HEALTH IS THE SURVIVING CORPORATION IN THE MERGER; OR (IV) AMEND SECTION 5.6 OF THE BYLAWS OF JOHN MUIR HEALTH (WHICH OBLIGATES JOHN MUIR HEALTH TO, AMONG OTHER THINGS, PROVIDE AT LEAST ONE MILLION DOLLARS (\$1,000,000) ANNUALLY TO FUND CERTAIN COMMUNITY BENEFIT PROJECTS SPONSORED BY THE JOHN MUIR/MT. DIABLO COMMUNITY HEALTH FUND).

FORM 990, PART VI, SECTION B, LINE 11: THE COMPLETED FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS SUFFICIENTLY IN ADVANCE OF THE FILING DEADLINE TO ENABLE A DETAILED AND CONSCIENTIOUS REVIEW BY ALL MEMBERS. AN OVERVIEW OF THE FORM 990, WITH SUFFICIENT DETAIL, IS PRESENTED TO THE BOARD WITH THE COMPLETED FORM 990. ALL QUESTIONS AND CONCERNS OF THE BOARD OF DIRECTORS WILL BE ADDRESSED BY THE CHIEF FINANCIAL OFFICER OR THEIR DESIGNEE AND INCORPORATED INTO THE FORM 990 AS APPROPRIATE. AFTER ALL OF THE INPUT FROM THE BOARD OF DIRECTORS HAS BEEN APPROPRIATELY ADDRESSED, SENIOR MANAGEMENT

SCHEDULE O

(Form 990)

Department of the Treasury
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OF THE JOHN MUIR HEALTH WILL FILE THE FINAL FORM 990 AS REQUIRED.

FORM 990, PART VI, SECTION B, LINE 12C: ANNUALLY, THE JOHN MUIR HEALTH ("JMH") BOARD CONFLICT OF INTEREST POLICY IS DISTRIBUTED TO BOARD MEMBERS, ALONG WITH A CONFLICT OF INTEREST DISCLOSURE FORM REQUIRED TO BE COMPLETED AND SIGNED. FOLLOWING DISTRIBUTION OF THE POLICY, THE GENERAL COUNSEL PROVIDED AN EDUCATIONAL SESSION RELATING TO BOARD MEMBER FIDUCIARY DUTIES AND CONFLICTS OF INTEREST COVERING, AMONG OTHER THINGS, REQUIRED DISCLOSURES AND THE PROCESS FOR APPROVAL OF TRANSACTIONS INVOLVING A POTENTIAL CONFLICT. DISCLOSED CONFLICTS WERE COMPILED IN A DOCUMENT AND REVIEWED BY THE BOARD CHAIR, PRESIDENT AND CEO AND GENERAL COUNSEL. TOGETHER, THESE INDIVIDUALS MONITORED ANY POTENTIAL CONFLICTS AND THE GENERAL COUNSEL ATTENDED BOARD MEETINGS TO ENSURE COMPLIANCE WITH THE POLICY. TRANSACTIONS INVOLVING A POTENTIAL CONFLICT WERE REVIEWED AND APPROVED IN ADVANCE BY THE GENERAL COUNSEL, A BOARD PHYSICIAN TRANSACTIONS COMPLIANCE SUBCOMMITTEE AND THE BOARD. THE POLICY ALSO REQUIRED BOARD MEMBERS TO DISCLOSE ANY POTENTIAL CONFLICTS DURING THE YEAR. AS QUESTIONS ABOUT POTENTIAL CONFLICTS AROSE DURING THE YEAR, THE GENERAL COUNSEL REVIEWED THEM WITH THE AFFECTED BOARD MEMBER AND THE PRESIDENT AND CEO AND BOARD CHAIR.

FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION FOR THE CHIEF EXECUTIVE OFFICER, OTHER OFFICERS AND KEY EMPLOYEES ARE ESTABLISHED ANNUALLY BY THE COMPENSATION COMMITTEE. THE COMPENSATION COMMITTEE UTILIZES AN OUTSIDE CONSULTANT WHO IS A COMPENSATION EXPERT. THE OUTSIDE CONSULTANT PROVIDES MARKET DATA FOR EACH INDIVIDUAL BASED UPON THEIR LEVEL

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2009

932211
02-03-10

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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OF RESPONSIBILITIES AND THAT DATA IS USED BY THE COMPENSATION COMMITTEE TO
ESTABLISH THE ANNUAL COMPENSATION PACKAGE FOR EACH INDIVIDUAL. IT IS THE
PHILOSOPHY OF THE ORGANIZATION TO ESTABLISH A COMPENSATION PACKAGE FOR EACH
INDIVIDUAL THAT REFLECTS THE MEDIAN OF THE MARKET AS ESTABLISHED BY THE
OUTSIDE CONSULTANT.

FORM 990, PART VI, SECTION C, LINE 19: JOHN MUIR HEALTH PROVIDES FINANCIAL
INFORMATION ON A QUARTERLY BASIS THROUGH VARIOUS BOND DISCLOSURE DATABASES.
THIS FINANCIAL INFORMATION IS AVAILABLE FOR JOHN MUIR HEALTH ON A
CONSOLIDATED AND CONSOLIDATING BASIS, INCLUDING SUBSIDIARIES. REQUESTS FOR
THE PROVISION OF OUR GOVERNING DOCUMENTS AND OUR CONFLICT OF INTEREST
POLICY ARE DIRECTED TO OUR LEGAL DEPARTMENT FOR THE APPROPRIATE RESPONSE.

SCHEDULE K, SUPPLEMENTAL INFORMATION: PART I, LINE A, COLUMN (F) - TO PAY
THE OUTSTANDING PRINCIPAL AMOUNT OF THE CITY OF WALNUT CREEK CERTIFICATES
OF PARTICIPATION REFUNDING SERIES 1994, ORIGINALLY ISSUED 2/17/1994.

PART I, LINE B, COLUMN (F) - THE BONDS WERE ISSUED FOR THE PURPOSE OF (I)
FINANCING AND REFINANCING THE COST OF ACQUISITION, CONSTRUCTION,
IMPROVEMENT, EQUIPPING, RENOVATION, REHABILITATION, REMODELING AND OTHER
CAPITAL PROJECTS ON OR ABOUT THE JOHN MUIR MEDICAL CENTER-WALNUT CREEK
CAMPUS, (II) FINANCING VARIOUS ROUTINE CAPITAL EXPENDITURES AND THE COST OF
ACQUISITION OF EQUIPMENT TO BE LOCATED ON THE JOHN MUIR MEDICAL
CENTER-CONCORD CAMPUS, (III) PROVIDING FOR PAYMENT OF A PORTION OF INTEREST
ON THE BONDS, AND (IV) PAYING CERTAIN COSTS INCURRED IN CONNECTION WITH THE
ISSUANCE OF THE BONDS.

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990**Complete to provide information for responses to specific questions on
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PART I, LINE C, COLUMN (D) - 5/2/08 AND 5/13/08.

PART I, LINE C, COLUMN (F) - 2008 A AND B TO (I) REFUND AND PAY IN FULL THE OUTSTANDING PRINCIPAL AMOUNT OF THE \$100,000,000 AGGREGATE PRINCIPAL AMOUNT CALIFORNIA STATEWIDE COMMUNITIES DEVELOPMENT AUTHORITY INSURED REVENUE BONDS (JOHN MUIR HEALTH) SERIES 2006 B AND SERIES 2006 C (THE "SERIES 2006 BONDS") ORIGINALLY ISSUED 6/14/2006 AND (II) TO PAY CERTAIN COSTS INCURRED IN CONNECTION WITH THE ISSUANCE OF THE BONDS. 2008 C TO (I) REFUND AND PAY IN FULL THE VARIABLE RATE PORTION OF THE CALIFORNIA STATEWIDE COMMUNITIES DEVELOPMENT AUTHORITY \$90,000,000 CERTIFICATES OF PARTICIPATION, JOHN MUIR/MT. DIABLO HEALTH SYSTEM (1997) ORIGINALLY ISSUED 10/29/2007, IN THE OUTSTANDING PRINCIPAL AMOUNT OF \$44,000,000 AND (II) TO PAY CERTAIN COSTS INCURRED IN CONNECTION WITH THE ISSUANCE OF THE SERIES 2008 C BONDS.

PART I, LINE D, COLUMN (F) - THE BONDS WERE ISSUED FOR THE PURPOSES OF (1) FINANCING THE CONSTRUCTION, IMPROVEMENT, EQUIPPING, RENOVATION, REHABILITATION, REMODELING AND OTHER CAPITAL PROJECTS ON OR ABOUT THE JOHN MUIR MEDICAL CENTER - WALNUT CREEK CAMPUS AND ON OR ABOUT THE JOHN MUIR MEDICAL CENTER - CONCORD CAMPUS AND (2) PAYING CERTAIN COSTS OF ISSUANCE.

PART II, LINE 5, COLUMN (A) - COST OF ISSUANCE: 908,703; CREDIT ENHANCEMENT 644,000

PART II, LINE 5, COLUMN (C) - COST OF ISSUANCE: 1,155,297; CREDIT ENHANCEMENT 479,539

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

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Employer identification number
94-1461843

PART II, LINE 8 - THIS LINE IS BLANK BECAUSE ISSUE A AND ISSUE C EACH REPRESENTS A REFUNDING OF PRIOR ISSUES AND THE PROCEEDS FROM ISSUE B AND ISSUE D ARE FINANCING CAPITAL PROJECTS THAT HAVE NOT REACHED SUBSTANTIAL COMPLETION.

PART II, LINE 11 - ISSUE A AND ISSUE C EACH REPRESENTS A REFUNDING OF PRIOR ISSUES AND FINAL ALLOCATION OF PROCEEDS OCCURRED ON THE DATE OF ISSUANCE. THE PROCEEDS FROM ISSUE B AND ISSUE D ARE FINANCING CAPITAL PROJECTS THAT HAVE NOT REACHED SUBSTANTIAL COMPLETION AND THUS FINAL ALLOCATION OF PROCEEDS HAS NOT BEEN MADE.

PART II, LINE 12 - WHILE FINAL ALLOCATION OF PROCEEDS HAS NOT BEEN MADE FOR ISSUE B AND ISSUE D, THE ORGANIZATION MAINTAINS BOOKS AND RECORDS TO SUPPORT THE FINAL ALLOCATION OF PROCEEDS WHEN REQUIRED.

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME: CALIFORNIA STATEWIDE COMMUNITY DEVELOPMENT AUTHORITY

(B) DESCRIPTION OF PURPOSE: SEE SCHEDULE O

(A) ISSUER NAME: CALIFORNIA STATEWIDE COMMUNITY DEVELOPMENT AUTHORITY

(B) DESCRIPTION OF PURPOSE: SEE SCHEDULE O

(A) ISSUER NAME: CALIFORNIA STATEWIDE COMMUNITY DEVELOPMENT AUTHORITY

(B) DESCRIPTION OF PURPOSE: SEE SCHEDULE O

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

JOHN MUIR HEALTH

Employer identification number
94-1461843

(A) ISSUER NAME: CALIFORNIA STATEWIDE COMMUNITY DEVELOPMENT AUTHORITY

(B) DESCRIPTION OF PURPOSE: SEE SCHEDULE O

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: JANE WILLEMSSEN

(A) PURPOSE OF LOAN: HOUSING RELOCATION

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: MICHAEL BAKER, MD

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF A BOARD MEMBER

(D) DESCRIPTION OF TRANSACTION: CONTRACT FOR PROFESSIONAL SERVICES

(A) NAME OF PERSON: CONTRA COSTA CARDIOLOGY MEDICAL GROUP, INC.

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER IS A MEMBER AT CONTRA COSTA CARDIOLOGY MEDICAL GROUP, INC.

(D) DESCRIPTION OF TRANSACTION: CONTRACT FOR PROFESSIONAL SERVICES

FORM 990, PART XI, LINE 2

THE FINANCIAL STATEMENTS OF THE ORGANIZATION ARE AUDITED ON A

CONSOLIDATED BASIS AS REQUIRED UNDER GAAP.

Related Organizations and Unrelated Partnerships

► **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
► **Attach to Form 990.** ► **See separate instructions.**

OMB No. 1545-0047

2009
Open to Public
Inspection

Name of the organization

JOHN MUIR HEALTH

Employer identification number
94-1461843

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
JOHN MUIR HEALTH FOUNDATION - 94-2650855 1400 TREAT BLVD WALNUT CREEK, CA 94597	SOLICITATION OF FUNDS FOR JOHN MUIR HEALTH	CALIFORNIA	501(C)(3)	7	N/A
JOHN MUIR PHYSICIAN NETWORK - 68-0360801 1400 TREAT BLVD WALNUT CREEK, CA 94597	PROVIDE CLINIC SERVICES & MANAGE HEALTHCARE OPERATIONS WITH JOHN MUIR	CALIFORNIA	501(C)(3)	11 TYPE I	N/A
JOHN MUIR BEHAVIORAL HEALTH - 68-0249685 1400 TREAT BLVD WALNUT CREEK, CA 94597	PROMOTION OF WELLNESS AND HEALTH RELATED ACTIVITIES IN THE COMMUNITY	CALIFORNIA	501(C)(3)	3	N/A
JOHN MUIR/MT. DIABLO COMMUNITY HEALTH FUND - 91-1788973, 1400 TREAT BLVD, WALNUT CREEK, CA 94597	PROVIDE HEALTH SERVICES TO THE COMMUNITY	CALIFORNIA	501(C)(3)	11 TYPE III	N/A

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2009

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No
SIERRA SURGICENTER ASSOCIATES - 68-0146096, 1601 YGNACIO VALLEY ROAD, STE 100, WALNUT CREEK, CA 94598	MEDICAL SERVICES	CA	N/A	RELATED	-28,572.	0.		X	N/A	X	
JOHN MUIR MAGNETIC IMAGING - 68-0202020, 1400 TREAT BLVD, WALNUT CREEK, CA 94598	DIAGNOSTIC IMAGING	CA	N/A	RELATED	2,967,368.	7,823,386.		X	N/A	X	
NEUROSCAN - 68-0017617 115 LA CASA VIA, STE 202 WALNUT CREEK, CA 94598	DIAGNOSTIC IMAGING	CA	N/A	RELATED	5,823,187.	7,884,116.		X	N/A	X	
BAY AREA SURGICAL VENTURES - 20-3052802, 30 S. WACKER DR, STE 2302, CHICAGO, IL 60606	MEDICAL SERVICES	CA	N/A	RELATED	-167450.	3,976,261.		X	N/A	X	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
CARDIAN PHYSICIAN SERVICES, INC. - 68-0297913 700 YGNACIO VALLEY BLVD. WALNUT CREEK, CA 94596	INACTIVE	CA	N/A	C CORP	0.	0.	100.00%
MT. DIABLO PRACTICE MANAGEMENT - 68-0031326 1400 TREAT BLVD. WALNUT CREEK, CA 94597	INACTIVE	CA	N/A	C CORP	0.	0.	100.00%
JOHN MUIR/MT. DIABLO PARENT COMPANY - 90-0060434 1400 TREAT BLVD. WALNUT CREEK, CA 94597	INACTIVE	CA	N/A	C CORP	0.	0.	100.00%

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	X	
b Gift, grant, or capital contribution to other organization(s)	X	
c Gift, grant, or capital contribution from other organization(s)	X	
d Loans or loan guarantees to or for other organization(s)		X
e Loans or loan guarantees by other organization(s)		X
f Sale of assets to other organization(s)		X
g Purchase of assets from other organization(s)		X
h Exchange of assets		X
i Lease of facilities, equipment, or other assets to other organization(s)	X	
j Lease of facilities, equipment, or other assets from other organization(s)	X	
k Performance of services or membership or fundraising solicitations for other organization(s)	X	
l Performance of services or membership or fundraising solicitations by other organization(s)	X	
m Sharing of facilities, equipment, mailing lists, or other assets		X
n Sharing of paid employees	X	
o Reimbursement paid to other organization for expenses	X	
p Reimbursement paid by other organization for expenses	X	
q Other transfer of cash or property to other organization(s)		X
r Other transfer of cash or property from other organization(s)	X	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(1) JOHN MUIR PHYSICIAN NETWORK	A	2,192,477.
(2) JOHN MUIR BEHAVIORAL HEALTH	A	1,075,266.
(3) JOHN MUIR HEALTH FOUNDATION	A	120,096.
(4) JOHN MUIR MAGNETIC IMAGING	A	274,281.
(5) NEUROSCAN	A	130,829.
(6) JOHN MUIR PHYSICIAN NETWORK	I	2,192,477.

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved
(7) JOHN MUIR BEHAVIORAL HEALTH	I	1,075,266.
(8) JOHN MUIR HEALTH FOUNDATION	I	120,096.
(9) JOHN MUIR MAGNETIC IMAGING	I	274,281.
(10) NEUROSCAN	I	130,829.
(11) JOHN MUIR PHYSICIAN NETWORK	K	89,347.
(12) JOHN MUIR BEHAVIORAL HEALTH	K	492,000.
(13) JOHN MUIR PHYSICIAN NETWORK	L	32,297,272.
(14) JOHN MUIR BEHAVIORAL HEALTH	L	283,583.
(15) JOHN MUIR MAGNETIC IMAGING	L	803,008.
(16) NEUROSCAN	L	1,792,670.
(17) JOHN MUIR HEALTH FOUNDATION	N	1,145,628.
(18) JOHN MUIR MAGNETIC IMAGING	P	117,015.
(19) BAY AREA SURGICAL VENTURES	A	1,505,246.
(20) JOHN MUIR/MT. DIABLO COMMUNITY HEALTH FUND	B	1,344,183.
(21) JOHN MUIR HEALTH FOUNDATION	C	19,500,534.
(22) BAY AREA SURGICAL VENTURES	I	1,505,246.
(23) JOHN MUIR PHYSICIAN NETWORK	J	637,657.
(24) JOHN MUIR PHYSICIAN NETWORK	O	2,232,196.

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved
(7) BAY AREA SURGICAL VENTURES	L	45,223.
(8) JOHN MUIR HEALTH FOUNDATION	L	1,145,628.
(9) NEUROSCAN	P	349,563.
(10) BAY AREA SURGICAL VENTURES	P	453,207.
(11)		
(12)		
(13)		
(14)		
(15)		
(16)		
(17)		
(18)		
(19)		
(20)		
(21)		
(22)		
(23)		
(24)		